PHARMACY RESIDENCY
POST GRADUATE YEAR TWO (PGY-2)

POPULATION HEALTH MANAGEMENT AND DATA ANALYTICS

VA Sierra Pacific Network (VISN 21)
Reno, Nevada

RESIDENCY PROGRAM GUIDE

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VISN 21 Deputy Pharmacy Executive – Clinical
PGY-2 Residency Director

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Welcome Statement

VA Sierra Pacific Network (VISN 21)
975 Kirman Ave (10N21R)
Reno, NV 89502

I would like to take this opportunity to welcome you to the PGY2 Population Health Management and Data Analytics Residency Program at the VA Sierra Pacific Network. You are entering a special portion of your pharmacy career.

The purpose of the PGY2 residency at the VA Sierra Pacific Network is to prepare clinicians and analysts for positions that focus on evidence-based therapeutics and practice applied to small and large populations of patients. The residency will encourage each resident to intellectual and personal development and foster the development of lifelong learners committed to advancing the profession of pharmacy. Your preceptors will assist and guide you in getting the greatest benefit from each experience. Goals and objectives will be set; however, I am confident that you will strive to exceed these expectations.

The Outcomes:

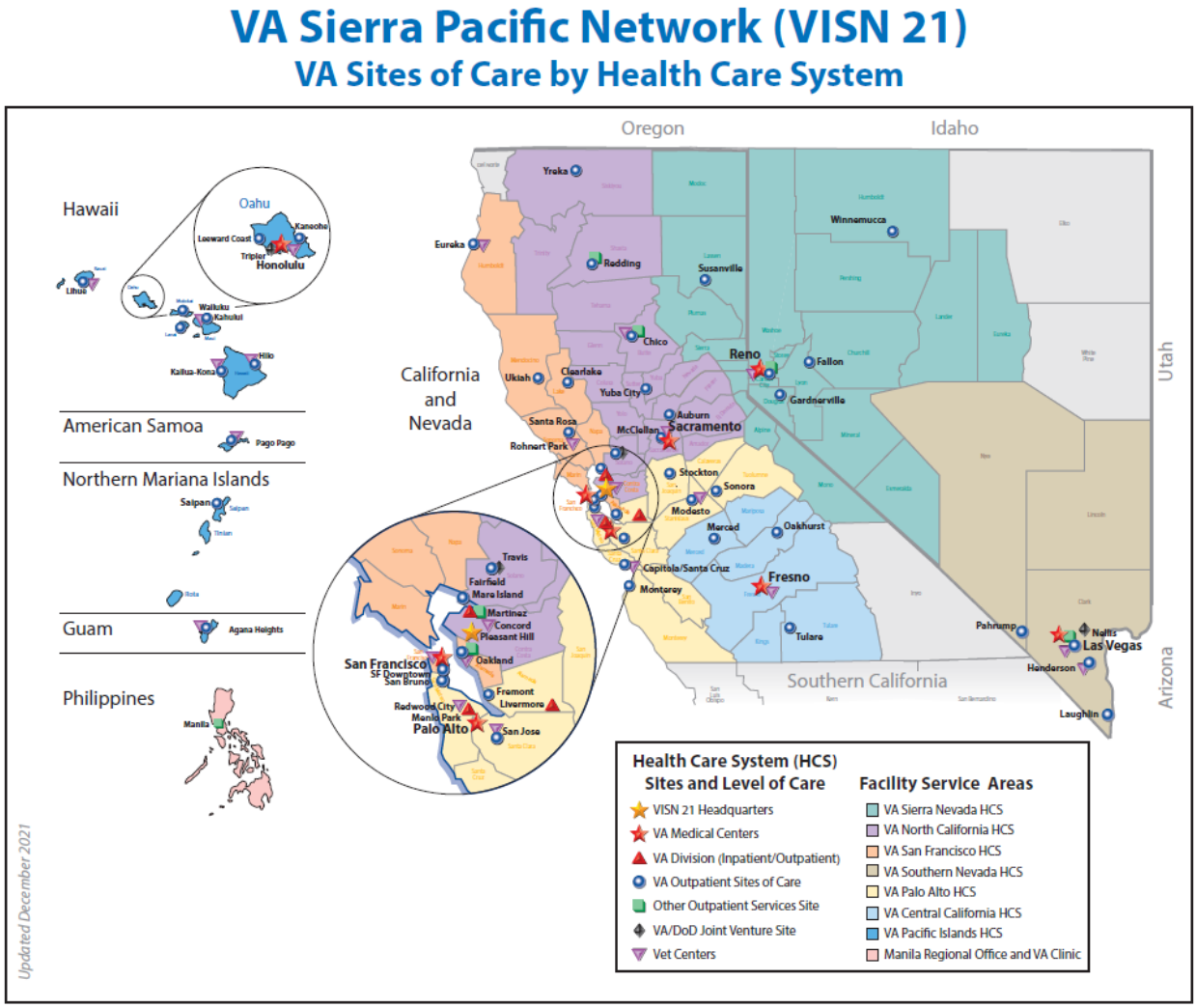
1. Demonstrate effective leadership and practice management skills in the areas of administration, analytics, informatics, and outcomes.
2. Optimize patient outcomes through the provision of evidence-based, patient-centered therapy and fostering effective decision support as an integral part of interdisciplinary healthcare teams. Provide medication and practice-related information, education, and/or training
3. Serve as an authoritative resource on the optimal use and development of analysis tools, formulary management, and pharmacy outcomes.
4. Demonstrate excellence in the provision of training and educational activities for health care professionals, health care professionals in training, and the public.
5. Demonstrate the technical skills essential to the role of a pharmacist specializing population health management and data analytics.
6. Understand a pharmacy benefits management structure and contribute to the organization's formulary management.
7. Perform effective direct patient care on high-risk or other target patients using developed analysis tools as part of a population management strategy.
8. Contribute to the body of pharmacotherapy knowledge by conducting outcomes-based research or quality improvement projects with the assistance of analysis tools.

The year as a resident, you should be challenged and busy. I am confident that through teamwork we will all benefit greatly by your residency training. The faculty members are available to assist you in reaching your highest potential. I look forward to working with you, watching your growth, and subsequently seeing your professional career develop as our colleagues.

Sincerely,

Janice Taylor, PharmD, BCPS
VISN 21 Deputy Pharmacist Executive – Clinical
PGY2 Residency Program Director

Introduction to VISN 21



VISN 21, also known as Veterans Integrated Service Network 21, is one of 18 health care service Networks in the Veterans Health Administration (VHA). The mission of the VA Sierra Pacific Network is to honor America's Veterans by providing exceptional health care that improves their health and well-being. The vision is to continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidenced based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies. Our core values reflect that of VA "ICARE"; Values of Integrity, Commitment, Advocacy, Respect, and Excellence.

VISN 21 is geographically diverse in nature and is one of the most challenging service areas in VHA. With over 257,000 square miles of land and literally millions of square miles of ocean separating our sites in the Pacific, access to care often requires extensive travel for enrolled Veterans. VISN 21 serves three states and three U.S. Territories. Within this Network, there are

four time zones, including crossing the International Date Line. In addition, VISN 21 operates the only VHA direct patient care activity located in a foreign country (Manila, Philippines). VISN 21 sites of care are located in Nevada, central/northern California, Hawaii, the Philippines, and the vast Pacific Rim including Guam, American Samoa, and the Commonwealth of the Northern Marianas Islands (CNMI).

The eight VA medical centers/health systems listed below manage over one hundred care sites:

- VA Central California Health Care System
- VA Northern California Health Care System
- VA Pacific Islands Health Care System
- VA Palo Alto Health Care System
- VA Medical Center (VAMC), San Francisco
- VA Sierra Nevada Health Care System
- VA Southern Nevada/Las Vegas Health Care System
- VA Regional Office/Outpatient Clinic (VARO/OC), Manila
- VISN 21 Home Page

VISN 21 PBM Staff and Residency Board

Scott Mambourg, PharmD, BCPS, AAHIVP
VISN 21 Pharmacist Executive
VA Sierra Pacific Network, Reno, NV

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VISN 21 Deputy VPE – Clinical
PGY2 Residency Program Director
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VISN 19 and 21 PBM Program Manager, Pharmacoeconomics
VA Sierra Pacific Network, Martinez, CA

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VISN 21 PBM Program Manager, Academic Detailing
VA Sierra Pacific Network, Brooklyn, NY

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VISN 21 PBM Program Manager, Prior Authorization Drug Request (PADR) Pilot
VA Sierra Pacific Network, Martinez, CA

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VISN 21 PBM Data and Program Manager
VA Sierra Pacific Network, Boise, ID

Kushal Shah, PharmD, BCPS
Pharmacy Program Manager, Clinical Resource Hub
VA Sierra Pacific Network, San Francisco, CA

Saba Maghari, PharmD, BCPS
VISN 21 PBM Data and Program Manager
VA Sierra Pacific Network, Scottsdale, AZ

VISN 21 PBM Staff Activities

- VISN PBM has 4 main pillars
  - Formulary Management
  - Support and Oversight for Operations and Clinical Pharmacy Services
  - Data Analytics and Outcomes
  - Education/Residency

- Oversee operations at the VISN 21 Pharmacies through Pharmacy Leadership Groups
- Maintain a large Clinical Data Warehouse of patient specific information
- Develop and implement quality and cost performance metrics for the VISN with patient specific reports and dashboards
- Direct activities of the National and VISN Formulary within VISN 21
  - Coordinate development and updates of VISN 21 Drug Use Criteria and maintain VISN web-based services
  - Lead activities of the Medication Utilization Management Team such as pharmacoeconomic analysis and development of contract initiatives
- Coordinate pharmacy activities with selected VISN committees, task forces and with executive leadership
  - Participate in development of treatment protocols, critical pathways, order sets, measures/metrics, and other systems approaches involving improving patient care

- Coordinate training programs for pharmacists and non-pharmacists within the VISN 21 PBM
- Provide oversight and serve as a resource to facilities in ensuring compliance with operational and clinical accreditation and VA standards

VISN 21 PBM Residency Board Responsibilities

The Pharmacy Residency Committee, chaired by the RPD and composed of residency preceptors, is established for these goals:

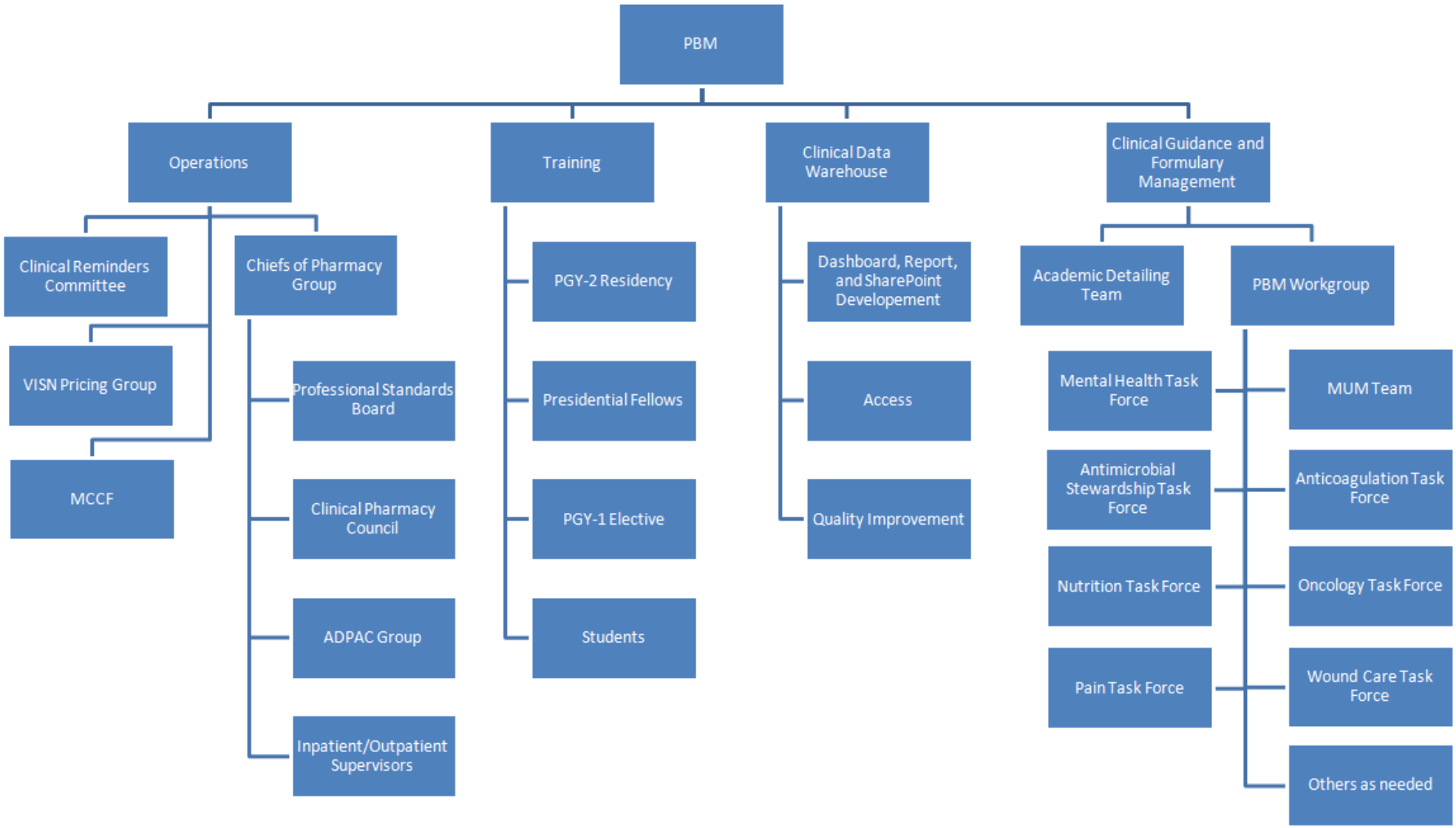
1. To assure that each resident meets the goals and objectives of the pharmacy practice residency over the course of the year.
2. To assess and improve the residency program, including the program manual, required activities and elective offerings.
3. To assure that the residency surpasses the standards as set by the ASHP and the Department of Veterans Affairs.
4. To foster the resident's professional and personal growth.
5. To assure a balance between clinical activities/learning and administrative/staffing is maintained throughout the residency year.

The Board will meet at least quarterly to review quarterly reports, rotation evaluations, project proposals, and evaluate resident project progression. Residents are asked to meet with the residency board quarterly to review their evaluations, as well as discuss the residents' progress, areas for improvement, project, career goals and feedback about the residency program. The Board will also approve/disapprove the chosen electives for each resident.

Board members take an active role in the professional development of the residents.

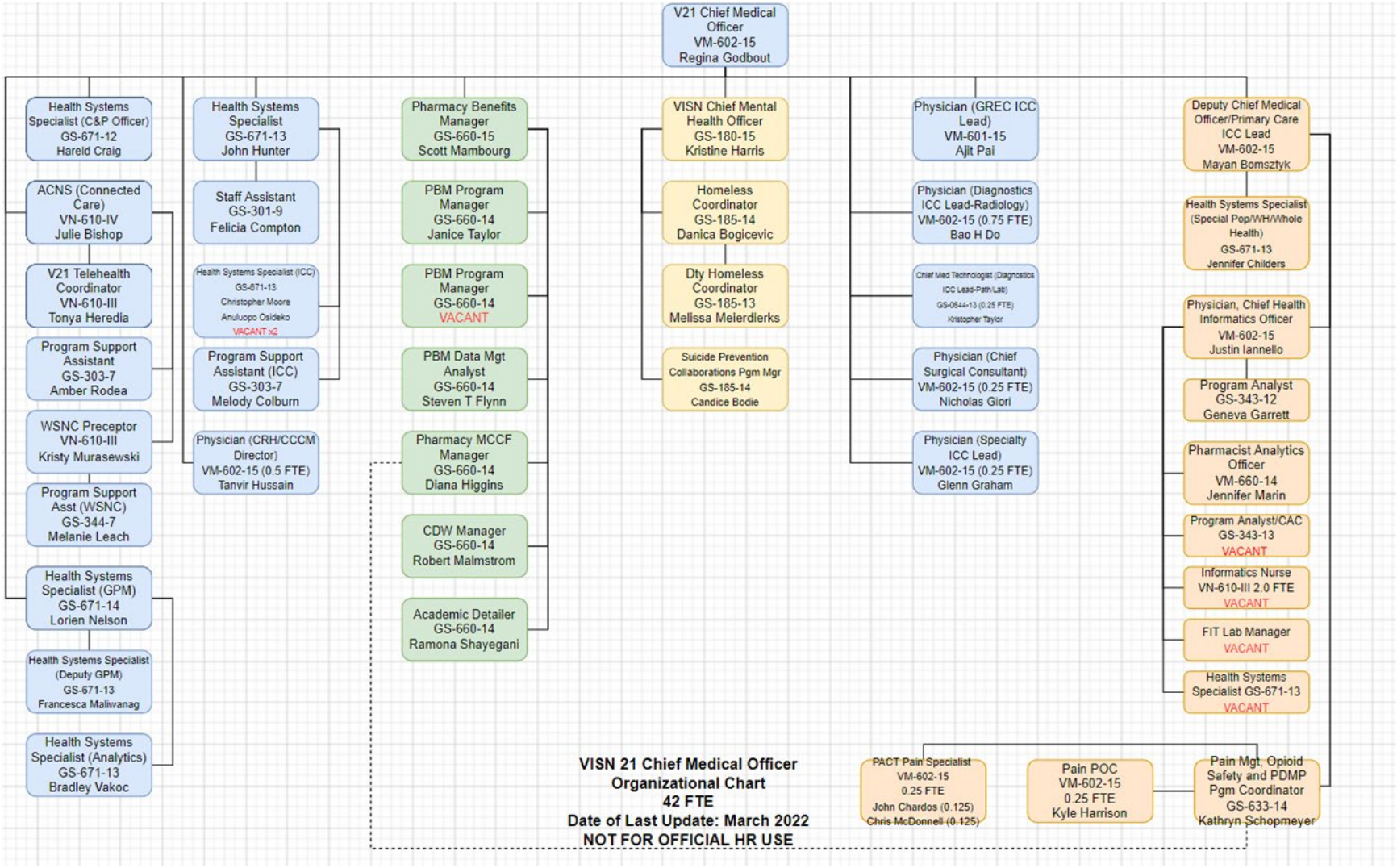
Residents are expected to take an active role in meeting their program goals and assessing their rotations.

VISN 21 PBM Structure



VISN 21 Organizational Chart CMO Office

Last updated March 2022



PGY-2 Pharmacy Residency General Information
Population Health Management and Data Analytics
VISN 21 Pharmacy Benefits Management (PBM)

VISN 21 Mission
To honor America's Veterans by providing exceptional health care that improves their health and well-being. The VA Core Values -- Integrity, Commitment, Advocacy, Respect and Excellence -- can be summarized in the simple but appropriate acronym: "I CARE."

VA Sierra Pacific Network PBM Mission and Vision
Mission: *Supporting the provision of clinical care and healthcare operations by leveraging best practices, health analytics, stewardship, and safe and effective medication use to improve Veteran outcomes and quality care.*

Vision:
Building the healthcare of tomorrow while supporting Veteran's health and wellness goals today

- *We will build relationships and collaborations with all members of the healthcare team.*
- *We will control costs while maximizing the value of medications for our veterans.*
- *We will utilize the most evidenced-based biomedical literature to improve veteran outcomes.*
- *We will promote quality measures and metrics to hold ourselves accountable for the care we provide.*
- *We will advance the use of innovative data technologies to ensure safe and optimal care is being consistently provided to our veterans.*
- *We will be an employer of choice for pharmacists and supportive staff by providing a compassionate, progressive work environment.*
- *We will create a practice environment that fosters educations, research and professional development.*

Program Purpose
The purpose of the VA Sierra Pacific Network (VISN 21) PGY2 Population Health Management and Data Analytics Residency Program is to develop clinically proficient healthcare data analysts who will improve the quality, and outcomes of patient care services. The Residency Program promotes the integration of information technology, informatics, and data analysis with the practice of evidence-based medicine and medical treatments and process improvement.

Program Vision
Healthcare data analytics is an evolving area within the healthcare industry. As the prevalence of electronic health records and the integration of health systems increases as well as the need to monitor health outcomes, the demand for clinically competent healthcare data analysts will be great. The VA Sierra Pacific Network (VISN 21) PGY2 Population Health Management and Data Analytics Residency Program will help to meet this demand through its innovative approach to training and education. This PGY2 program is designed to develop accountability, practice patterns, habits, and

expert knowledge, skills attitudes and abilities to meet the needs of this advanced area of pharmacy practice.

Program Outcomes

Educational Outcomes:

1. Demonstrate effective leadership and practice management skills in the areas of administration, analytics, informatics, and outcomes.
2. Optimize patient outcomes through the provision of evidence-based, patient-centered therapy and fostering effective decision support as an integral part of interdisciplinary healthcare teams. Provide medication and practice-related information, education, and/or training
3. Serve as an authoritative resource on the optimal use and development of analysis tools, formulary management, and pharmacy outcomes.
4. Demonstrate excellence in the provision of training and educational activities for health care professionals, health care professionals in training, and the public.
5. Demonstrate the technical skills essential to the role of a pharmacist specializing in population health management and data analytics.
6. Understand a pharmacy benefits management structure and contribute to the organization's formulary management.
7. Perform effective direct patient care on high-risk or other target patients using developed analysis tools as part of a population management strategy.
8. Contribute to the body of pharmacotherapy knowledge by conducting outcomes-based research or quality improvement projects with the assistance of analysis tools.

Elective Outcomes:

1. Demonstrate advanced skills in working with a specific technology or automation product
2. Utilize added knowledge and skills to enable the application of contemporary quality methodology to the management of pharmacy services.
3. Demonstrate skills required to function in an academic setting.

Qualifications of the Resident

Pharmacist Licensure

All pharmacy residents are expected to possess full, current, and unrestricted licensure to practice pharmacy in a State, Territory, or Commonwealth of the United States (i.e. Puerto Rico), or the District of Columbia. The pharmacist must maintain current registration if this is a requirement for maintenance of this full, current, or unrestricted licensure. All residents are required by human resources to submit a copy of their licensure during the onboarding process for the PGY2.

Additional Qualifications and Application

1. Residents must be a graduate of a degree program in pharmacy from an approved college or university. The degree program must have been approved by the American Council on Pharmaceutical Education (ACPE), or prior to the establishment of ACPE, have been a member of the American Association of Colleges of Pharmacy (AACP). Verification of approved degree programs may be obtained from the American Council on Pharmaceutical

Education, 311 West Superior Street, Suite 512, Chicago, Illinois 60610, Phone (312) 664-3575.

2. Completion of a first-year pharmacy practice residency or an equivalent experience approved by ASHP, 3 years of clinical experience minimum, is required to be considered for this PGY-2 program. Applicants must either be in the process of completing or have completed a first-year pharmacy practice residency or an equivalent experience approved by ASHP prior to application to the residency program. All residents are required to submit a copy of their PGY1 certificate during the onboarding process for the PGY2.
3. Each applicant must enroll in the ASHP Resident Matching Program through the online application process known as (PhORCAS) or, if offered, partake in the Early Commitment process (**Appendix I**) in order to be considered for a resident position. Residents and the program will participate in and adhere to the rules of the Resident Matching Program (RMP) process
    a. Applications are typically due in early January and interviews are conducted in mid-February.
    b. Residency applicant qualifications will be evaluated by the residency program director (RPD) through an established, formal procedure that includes an assessment of the applicant's clinical knowledge and critical thinking skills, as well as an assessment of baseline knowledge relevant to the Population Health Management and Data Analytics residency. In addition, the ability to achieve the educational goals and objectives for the PGY-2 selected for the program will be evaluated.
    c. The criteria for assessment and acceptance is provided to all preceptors by the RPD and are assessed during the interview process.
    d. The formal, criteria-based process to evaluate and rank program applicants is in place (**Appendix II**)
    e. The RPD will provide residents with a letter outlining their acceptance to the program and terms and conditions of the appointment will be provided by Human Resources staff. (**Attachment F**) Documentation of resident acceptance will be on file prior to the beginning of the residency year.
4. More information can be found at the PGY2 residency website.

Obligations of the Program to the Resident

Program Description

This residency is a 12 month program designed to meet the ASHP Accreditation Standards for PGY2 Pharmacy Residencies and the Required Competency Areas, Goals, and Objectives for PGY2 Population Health Management and Data Analytics Pharmacy Residencies. Completion of the residency leads to a Certificate of Residency. The role of the pharmacy resident is to develop into clinically competent pharmacists capable of managing small and large populations of patients, primarily through longitudinal experiences in population health management, data management, formulary management, and health outcomes. The PGY2 resident provides specialized support to promote the integration of information technology, informatics, and data analysis with the practice of evidence-based medicine and medical treatments for VISN 21 PBM projects. Residents are under the general supervision of the residency director, and under the preceptorship of the residency director and other assigned personnel. Under such oversight, the resident will design computerized reports and interfaces for various demographics; will demonstrate project development, implementation, and management skills; will initiate and implement clinical programs to enhance the efficiency of patient care; will monitor the local Veterans Integrated Service Network (VISN) performance measures and metrics; will provide education to health care professionals and participate in clinical research.

The program is accredited in associated with the VASNHCS PGY-1 Pharmacy Practice Program, though the PGY-2 residents will work with clinicians, interdisciplinary teams, and patients throughout VISN 21. The primary location for the residency is virtual with a VISN 21 satellite office located in Reno, NV. The medical center and pharmacy affiliated with the program (VASNHCS) is accredited by Joint Commission and the affiliated pharmacy schools are accredited by ACPE. The management and professional staff of both the VASNHCS and VISN 21 PBM are committed to seeking excellence in patient care, have demonstrated substantial compliance with professionally developed and nationally applied practice and operational standards, and have sufficient resources to achieve the educational goals and objectives selected for the residency program.

Minimum Qualifications of the Program Director and Preceptors

1. *Residency Program Directory (RPD)*
    - Must be a licensed pharmacist with demonstrated expertise in population health management and data analytics.
    - Must have completed an ASHP-accredited PGY-2 residency in a relevant advanced practice area followed by a minimum of 3 years of practice or experience equivalent in this area. Alternatively, the RPD may have an equivalent experience (5+ years relevant experience) with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY-2 area in this residency.
    - Have board certification in a relevant specialty
    - Maintain active practice in the pharmacy outcomes/healthcare analytics practice area
    - Maintain a sustained record of contribution and commitment to pharmacy practice
    - Have documented evidence of their own ability and interest to teach effectively (i.e. through resident evaluations)
    - Have demonstrated ability to direct and manage a pharmacy residency, through previous involvement in an ASHP-accredited program, management experience, or previous academic experience as a course coordinator.

2. *Preceptors*
   - Must be a licensed pharmacist and have completed an ASHP-accredited PGY-2 residency followed by a minimum of one year of pharmacy practice in a relevant area. Alternatively, preceptors without a PGY-2 residency must demonstrate mastery of knowledge, skills, attitudes, and abilities expected of one who completed a PGY-2 in this area.
   - Must have training and experience in pharmacy outcomes and analytics (or other relevant area in the case of elective rotations) and maintain a continuity of practice in this area and be practicing within it during resident training
   - Must have a record of contribution and commitment to pharmacy practice as per ASHP Preceptor Qualification Guidelines.
   - Must demonstrate a desire and aptitude for teaching that includes mastery of the four preceptor roles fulfilled during clinical problem solving (instructing, modeling, coaching, facilitating)
   - Must demonstrate an ability to provide criteria-based feedback and evaluation of resident performance and pursue refinement of their teaching skills.
   - If non-pharmacist preceptors are utilized, a pharmacist preceptor works closely with the non-pharmacist preceptor to select educational goals and objectives for the learning experience and participates actively in the criteria-based evaluation of the resident's performance.

Appointment and Reappointment of Preceptors

The PGY2 Residency Program Directors, in conjunction with the Residency Board, will support initial appointment, re-appointment and development of preceptors to ensure that each preceptor has the knowledge, skills and abilities to appropriately prepare pharmacy residents for independent clinical practice. It is an expectation of pharmacists within our VISN 21 PBM staff to serve as preceptors and our VISN Pharmacy Executive does outline this as part of our employees performance plans.

Process for Initial Appointment as a Residency Preceptor

1. Preceptor will attend preceptor orientation meeting with designated RPD to review program expectations and application process
2. Preceptor will complete ASHP Academic and Preceptor Record (APR), as well as Preceptor Assessment Form (Appendix XIII) and return to designated RPD
3. Upon review of APR and preceptor assessment, the designated RPD will determine need for individual preceptor development plan, if applicable and make a determination of if the preceptor meets qualifications
4. The residency board will be notified of the RPDs determination of if the preceptor met qualifications or not based on the review and the recommendation of which rotation(s) they will be involved in moving forward
5. Preceptor will meet with designated RPD to review APR and document individual preceptor development plan, if applicable
6. Preceptor will review the following online modules and article
   a. Residents' Learning Activities: Understanding Learning Taxonomies and Levels (20 slides) http://www.ashpmedia.org/softchalknewbloomlearningtaxonomiesandlevels-2015-Jan/index.html

b. Starring Roles: The Four Preceptor Roles and When to Use Them (13 slides) (Standard 4.8.a) http://www.ashpmedia.org/softchalk/softchalk_preceptorroles/index.html

Assessment: The residency board will appoint and/or reappoint individuals as preceptors for the residency program based on a review of eligibility, responsibilities, and qualifications. This process shall occur annually in conjunction with the submission and review of the ASHP Preceptor Academic and Professional Record. Resident feedback regarding preceptors, supervisor feedback, and peer feedback will be considered/reviewed when determining ongoing preceptor status.

The RPD will develop individualized preceptor development plans for individuals who do not meet minimum requirements for appointment as a preceptor. The development plan shall identify specific action items for improvement and a timeline for completion. Individuals placed into the Preceptor-in-Training program will be considered for formal appointment as an independent preceptor by the residency board at the completion of the development plan. This should occur within a two-year timeframe

Continuous Professional (Preceptor) Development

Preceptors will individually develop a CPD plan. This can include but is not limited to:

1. Participation in the San Francisco VA/VISN 21 Preceptor Development Pharmacy Series (Schedule will be sent out yearly)
2. Participation in bi-weekly VISN 21 PBM staff meetings where topics related to residency and preceptor development are discussed
3. Participation in monthly VISN 21 Residency Program director meetings or National VA Residency Advisory Board meetings
4. Participation in monthly VISN 21 Residency Program director meetings
5. Participation in at least ONE resident CE program annually
6. Demonstration of at least 20 hours of annual continuing education that is related to their content area. This can be live or written accredited program, VA learning opportunities or similar programs that are recognized by a national certification/accreditation body.
7. Preceptors will routinely practice in their training area; demonstrate a desire to train residents and an excellence in teaching skills. Preceptors will pursue the four core areas of education:
   A. Direct instruction
   B. Modeling
   C. Coaching
   D. Facilitating.
8. Preceptors are evaluated by the resident on completion of a learning experience. Any deficiencies will be discussed and additional training will be provided as deemed necessary in order to meet the goals and objectives of the learning experience
9. Preceptors will perform an initial needs assessment. The RPD will compile the responses and address potential weaknesses in the residency program and preceptor qualifications through customization of preceptor development training. Preceptors and the RPD will fill out a similar, annual assessment that will allow the preceptor to track improvements and additional areas that require addressing.
10. The following is an example of a Preceptor-in-Training Development plan, which also stands as an initial Preceptor Development Plan:

Preceptor in training:
Learning Experience:
Mentor:
Date: _____ Met with Preceptor and Mentor to discuss and implement plan Quarterly until achieved

Initial Preceptor Development Plan:	**Anticipated Completion Date X = meets**	**Responsible Person**	**Progress**
Review of ASHP Preceptor Qualifications Does not fully meet the following qualifications of preceptor: **1. "Recognition in the area of pharmacy practice for which you serve as a preceptor:** Options for compliance include: • Board Certification • Advanced scope of practice with prescribing privileges (optional) • Sustained exemplary job performance • Ongoing service and subject matter knowledge in the pharmacy-practice related area **2. "An established, active practice for which you serve as preceptor."** Options for compliance include: • Contribution to the development of clinical or operational policies/protocols • Contribution to the creation/implementation of a new clinical service or service improvement initiative • Appointments to drug policy and other committees of the organization **3. "Ongoing professionalism…"** Options for compliance include: • Active service in professional organization • Presentations/posters/publications in professional forums • Poster/presentation/project co-author for pharmacy students or residents at professional meeting • Moderator or evaluator at regional conference or other professional meeting			

Initial Preceptor Development Plan:	**Anticipated Completion Date X = meets**	**Responsible Person**	**Progress**
• Routine in-service presentations to staff • Faculty appointment or pharmacy student preceptor • Providing preceptor development topics at VISN21 • Participation in health fairs, wellness, disease prevention… • Participation in research			
Review of Learning Experience description with mentor and RPD • Including preceptor roles			
Review of PharmAcademic requirements with RPD			
Review of Preceptor Development Resources • Annual Preceptor Development InfoPath • Ongoing Preceptor Development series during RAB meetings • Access to ASHP Preceptor Playbook • Pharmacist Letter Preceptor Development series through College of Pharmacy Affiliations			
Preceptor Self-Assessment (Pre 1st learning experience)			

Follow up after first rotation or annually if no resident	**Discussion/Plan**
• Discuss learning experience	
• Review evaluations by the preceptor and by the resident	
• Preceptor self-assessment	

Update on ASHP Preceptor Qualifications Does not fully meet the following qualifications of preceptor: **2. "Recognition in the area of pharmacy practice for which you serve as a preceptor:** <u>Options for compliance include</u>: • Board Certification • Advanced scope of practice with prescribing privileges • Sustained exemplary job performance • Ongoing service and subject matter knowledge in the pharmacy-practice related area **3. "An established, active practice for which you serve as preceptor."** <u>Options for compliance include:</u> • Contribution to the development of clinical or operational policies/protocols • Contribution to the creation/implementation of a new clinical service or service improvement initiative • Appointments to drug policy and other committees of the organization **4. "Ongoing professionalism…"** <u>Options for compliance include:</u> • Active service in professional organization • Presentations/posters/publications in professional forums • Poster/presentation/project co-author for pharmacy students or residents at professional meeting • Moderator or evaluator at regional conference or other professional meeting • Routine in-service presentations to staff • Faculty appointment or pharmacy student preceptor • Providing preceptor development topics at JAHVH • Participation in health fairs, wellness, disease prevention… • Participation in research	
Preceptor Status	☐ Continue as Preceptor-in-training ☐ Change status to Preceptor
Ongoing preceptor development plan • Strengths • Areas for improvement	

• ASHP Preceptor Qualifications review	

Program Evaluation and Improvement

Program evaluation and improvement activities will be directed at enhancing achievement of the program's outcomes. The residency program director (RPD) will evaluate potential preceptors based on their desire to teach and their aptitude for teaching and will provide preceptors with opportunities to enhance their teaching skills. The residency program director (RPD) will devise and implement a plan for assessing and improving the quality of preceptor instruction. Consideration will be given to the resident's documented evaluation of preceptor performance as one measure of preceptor performance. At least annually, the residency program director (RPD) will use evaluations, observations, and other information to consider program changes. The resident is responsible for completing a Continuous Quality Improvement (CQI) (**Appendix III**) assessment in the final month of the rotation. The purpose is to identify specific areas of the residency that may be improved and to continuously re-evaluate the educational outcomes, goals, and objectives evaluated throughout the residency to ensure they are up-to-date and consistent with resident experiences. The program aims to utilize the available learning experience to facilitate achievement of the program's educational goals and objectives. The educational outcomes, welfare of the resident, and the welfare of patients are to be in no way compromised by excessive reliance on residents to fulfill service obligations. The program will also provide sufficient professional and technical staff complement to ensure that appropriate supervision and preceptor guidance is available to all residents. However, the program encourages regular feedback from residents if they feel the program is deficient in any of these areas. Residents can assist the with program improvement by inquiring if the way things are done can be improved. Challenging the staff is an important contribution to our constantly ongoing improvement process. Additionally, the PBM Staff/Residency board will meet and self-assess on a regular basis to ensure these goals are being met.

Tracking of Graduates

The residency program director (RPD) will periodically contact past residents and track employment and professional development of residency graduates to evaluate whether the residency produces the type of practitioner described in the program's purpose statement. Information on program graduates can be found at this link: https://www.va.gov/sierra-nevada-health-care/work-with-us/internships-and-fellowships/pgy-2-population-health-management-and-data-analytics-residents/
Many former residents continue to be employed within the VA and have collaboration and regular meetings still with staff and residents in our program.

Meeting with the Residency Program Director

At the beginning of the residency year, the RPD will discuss and determine a regularly scheduled huddle meeting time(s) and schedule for weekly meetings with the residents based on their needs and preference. Each resident is welcome at any time to discuss issues with the RPD. These can be individual discussions or group discussions. It is best to schedule a time via Outlook to arrange these meetings. However, if a need arises to discuss a topic regarding the residency, the resident should not hesitate to reach out to the RPD for a discussion.

Customized Training Plan

Before the program begins, each resident completes an ASHP Entering Interests Form and Entering Objective Based Self-Evaluation that are generated through PharmAcademic. This allows the RPD

and Residency Board to tailor the residency experience to the individual resident's desires, needs, and experiences. The generalized residency plan will be customized to address strengths, areas for improvement, strategies for improvement, plans for residency individualization based on resident interests, status of assigned projects, residency project assessment, overall assessment, duty hours, and a global assessment of resident progress in relation to program goals and objectives. The training plan will be customized based upon an assessment of the resident's entering and ongoing knowledge, skills, attitudes, and abilities and the resident's interests. The Customized Training Plan (CTP) will be reviewed during quarterly evaluations and updated as needed to meet unaccomplished goals, or modified if one or more of the required educational objectives is performed and judged to indicate full achievement. The resulting CTP will be tailored according to identified strengths/opportunities for improvement and will maintain consistency with the program's purpose and outcomes and will not interfere with the achievement of the program's stated educational goals and objectives. The CTP and any modifications to it, including the residents' schedule, will be shared with the resident and appropriate preceptors. The CTP will contain documented, individualized sets of educational outcomes, goals, and objectives that are derived from the program's documented outcomes, goals, and objectives (as well as remedial actions). Additional program outcomes, goals, or objectives will reflect the site's strengths.

Benefits

General: For in person activities: Parking, laboratory coats, office space, and office keys are furnished. Computers are available for use by the residents in the pharmacy resident's office at the VISN satellite office and in the resident office at the VASNHCS medical center. For virtual: residents are issued a laptop, keyboard, mouse, and 2 monitors (if available) from the nearest geographical VA medical center providing them with IT support. Use of online resources is available on the intranet. Preceptors will provide education and any necessary passwords to use these resources.

Pay: Residents are paid at the rate of $45,221 per year. The resident's stipend is based on a 40-hour workweek; however, the very nature of a residency training program is such that additional time is required to complete training assignments. ACGME/ASHP guidelines for duty hours must be observed (see "Duty Hours"). No additional compensation is available, though dual appointment opportunities may be available through the VASNHCS pharmacy as funding and need allow. Funding for travel and related meeting expenses are reimbursed for the one required state/regional and one required national meeting.

Attendance: The residency is a full-time temporary appointment of 12 months in duration. The resident is expected to complete 2080 hours and be virtually present during duty hours for at least 40 hours per week to perform activities related to the residency as necessary to meet the goals and objectives of the program. Additional hours are expected to complete assignments and projects in a timely manner. When the resident will not be onsite during normal duty hours, the program director and preceptor must approve the time off or away and procedures for leave must be followed. At times, the resident will be expected to attend other residency-related conferences or experiences off-site during regular working hours. If an extended absence occurs (i.e. extended family or sick leave), extension of the residency program may be necessary. The maximum length of extension is not to exceed 3 months, and the program must be completed before September 30th. Opportunity to extend the program with pay will depend on the decision of the VA regarding extending the funding. If the resident feels that the need for extended absence may be necessary, they should immediately inform

the Residency Program Director (RPD). For more information see **Appendix IV: Extended Leave of Absence.** Unexcused absences may be dealt with under the Residency Disciplinary Actions and Dismissal Policy as necessary.

Annual Leave: Residents earn annual leave at the rate of 4 hours per 2 week pay period. Annual leave must be requested electronically, as far as possible in advance, via VATAS. An email request should also be sent to the residency program director with the date(s) in the subject line. Scheduled leave must be approved by the Residency Program Director (RPD). Approval of the preceptor (if applicable) should be obtained prior to submitting leave request to the Residency Director. The resident should consider what impact the use of leave has on their educational experience before scheduling.

Authorized Absence/Travel: Administrative or authorized absence to attend professional meetings is granted at the discretion of the Residency Program Director and VISN/Facility leadership.

Sick Leave: Residents earn sick leave at the rate of 4 hours per 2 week pay period. Sick leave for scheduled doctor's appointments or elective procedures must also be electronically requested two weeks in advance if at all possible. The RPD and, if applicable, current preceptor should be notified of any unscheduled absence due to illnesses prior to the scheduled tour of duty. Entry of leave into VATAS should be completed upon the resident's return to work and timekeeper notified.

Family Friendly Leave (CB): Family leave or bereavement leave policies indicate that each employee can use up to 104 hours of family leave each year. Family leave must be requested electronically prior to planned event or immediately upon employee return if absence due to an emergency. RPD approval is required as is the current preceptor, if applicable. Family leave will be deducted from the sick leave balance.

Emergencies: Personal emergencies/accidents during tour of duty should be reported to the RPD and current preceptor, if applicable, as soon as possible so that appropriate action can be taken.

Inclement Weather: The hospital's inclement weather policy is that **all personnel are required to report to work in the event of inclement weather. There may be a small allowance for travel delays due to severe weather; notify your RPD if this might be the case and enter appropriate leave upon arrival to work.** If you are entirely unable to report for duty due to weather conditions, you will be charged the appropriate amount of annual leave.

Holidays: Residents are not scheduled to work on the paid federal holidays.

Employee Assistance Program (EAP): The goal of EAP is to promote wellbeing and assist employees with both personal and family issues. Please consult with the RPD if you feel you have challenges that are affecting your wellbeing. Residency can be stressful and we want to ensure you feel supported and are able to access needed resources.

Burnout Management Plan

Burnout has been defined by one of the leading researchers as "a condition of emotional exhaustion, depersonalization, and reduced personal accomplishment and satisfaction in jobs where there is high

stress with low rewards and the minimal goals are unachievable" (Maslach 1976). There has been increasing focus within the healthcare community on the concept of burnout of both clinicians and trainees due to recognition of the high rates of burnout, mental health issues, and suicidality within healthcare residents. The following section identifies the steps that the VASNHCS Pharmacy Residency program is taking to identify resident burnout, and provide resources for prevention and management of resident burnout.

Prevention of Resident Burnout: One step towards preventing burnout is to increase awareness and provide strategies for reducing emotional exhaustion. In order to do this, the Residency program will:

- Review burnout during resident orientation, including definition and coping/resiliency strategies
- Provide resources for preventing and managing burnout (see resources below)

Identification of Resident Burnout: Identification of burnout will occur through, but not limited to, the following mechanisms:

- Resident notifying RPD or mentor of concerns
- Preceptor or another individual notifying RPD or mentor of possible concerns
- A PharmAcademic evaluation called "Duty Hours Evaluation" that includes the following**:**
    - Number of weekly hours worked
    - A question regarding effective time management and feelings of burnout
    - This evaluation is required for residents to complete on a monthly basis to identify and track potential burnout

Management of Resident Burnout: Residents who have been identified as potentially developing burnout will be addressed in the following manner:

- Initial discussion with RPD, with intent to develop a plan for reducing burnout
- Routine follow-up to assess continued feelings of burnout
- If burnout continues, utilizing VA resources to assist resident. For example, a resident experiencing burnout or other concerns may be referred to the VA Employee Assistance Program or local providers that can assist with coaching and coping skills

Resources:
VA Pharmacy Residency Wellness Center:
https://dvagov.sharepoint.com/sites/VHAPBM/Pharmacy_Residency_Program_Office/SitePages/Residency-Wellness-Center.aspx
VA Insider: Resilience Strategies:
https://www.va.gov/WHOLEHEALTHLIBRARY/tools/burnout-resilience.asp
VA Employee Assistance Program: http://vaww.va.gov/OHRM/Worklife/HealthWellness/EAP/
National Academy of Medicine: https://nam.edu/initiatives/clinician-resilience-and-well-being/
American Medical Association: https://www.ama-assn.org/topics/ama-steps-forward-program
ASHP: Resource Center - https://wellbeing.ashp.org

Requirements to Receive Residency Certificate

It is the responsibility of the program to determine whether a resident has satisfactorily completed the requirements of the residency. Any resident who fails to meet the accepted standards of the residency program will not be issued a certificate. Knowingly presenting a certificate of completing the residency when, in fact, inadequate achievement has occurred, can result in revocation of the accreditation of the residency by ASHP. Clearly, this makes the issuing of a residency certificate an important event. Throughout the course of the residency it will be made clear whether or not objectives are being met. Some individuals may require remedial actions. If remedial actions taken by the resident are insufficient the residency certificate will not be issued. This determination will be made jointly by the resident, Residency Program Director, Residency Board, and the Chief of Pharmacy (if applicable).

- Satisfactory completion of all rotations. If a rotation is not satisfactorily completed, appropriate remedial work and an action plan must be completed as determined by the preceptor(s) and Residency Program Director. All critical objectives must be marked "Achieved for Residency". No goals may be marked as "Needs Improvement" by the end of the residency year
- Completion of 2080 hours of training
- Compliance with all institutional and departmental policies
- Completion of all assignments and projects as defined by the preceptors and RPD
- Completion of a residency project with a **draft manuscript submitted in the journal format of choice to the Residency Program Director** no later than two weeks before the end of residency
- Attend ASHP Midyear meeting and at least one professional state/regional/national meeting (must be pharmacy-related) as approved by the RPD
- Participate in recruiting activities for the residency
- Contribute to optimal patient care and achieve the mission and goals of VISN21, the VISN 21 PBM and the VASNHCS Pharmacy Service
- Completion of VISN 21 PGY2 Project Tracker Excel Sheet

The residency certificate will indicate the program's accreditation by ASHP, that it is issued in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies*, and will be signed by the RPD and CEO of the organization.

Obligations of the Resident to the Program

Obligations

- The residency is a full-time obligation
- The resident will be committed to attaining the program's educational goals and objectives and will support the organization's mission and values.
- The resident's primary professional commitment must be to the residency program.
- The resident shall be committed to the values and mission of the training organization.
- The resident shall be committed to making active use of the constructive feedback provided by the residency program preceptors.

Dress Code

In brief, the dress code requires that residents dress in an appropriate manner. Residents should be available daily and appropriately dressed for meetings requiring video chat/camera capabilities. Residents should also utilize appropriate and professional Microsoft TEAMS background filters during video meetings. For in person meetings and activities professional attire & footwear are required. Any specific problems with attire will be discussed with the Residency Advisory Board and/or the Residency Program Director.

Tour of Duty

Tour of duty for all residents is 7:00 a.m. to 3:30 p.m. Pacific Standard Time (PST), Monday through Friday regardless of their geographical location. This 8.5 hour tour of duty additionally allows for a 30 minute lunch break. The RPD and time keeper must be informed of all changes in tours of duty prior to the change being made.

Duty Hours

Residents, program directors, and preceptors are required to follow ASHP Pharmacy Specific Duty Hour Requirements.
https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, and scheduled and assigned activities (such conferences, committee meetings, and health fairs) that are required to meet the goals and objectives of the residency program. Duty hours do not include reading, studying, and academic preparation time for presentations and journal clubs, travel time to and from conferences, and hours that are not scheduled by the residency program director or preceptor.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period.
2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period.
3. Residents should have 10 hours free of duty between scheduled duty and must have at a minimum 8 hours between scheduled duty periods.

Residents are responsible for tracking duty hours via PharmAcademic. If a violation occurs, this must be documented and reported immediately.

Moonlighting: Moonlighting at VASNHCS or outside of VASNHCS is permitted but must meet the above duty hour requirements. Resident moonlighting hours will be documented in PharmAcademic or during evaluations at regularly scheduled intervals. If the resident, preceptors, or Residency Program Director finds that the resident's judgment is impaired or they are unable to meet the requirements of the PGY-2 program, individual adjustments to permitted moonlighting hours may be made.

Professional Practice and Development

Pharmacy residents are representatives of the VISN 21 PBM and when at the VASNHCS, the Pharmacy Department, at all times. It is important that high standards of professional conduct are upheld at all times, including during professional meetings.

Professional development of residents is enhanced through membership and participation in local and national organizations. Membership in the American Society of Health-system Pharmacists (ASHP) is r***equired***. Residents are encouraged to become members of the Nevada Society of Health-Systems Pharmacists (NVSHP) and American College of Clinical Pharmacy (ACCP). Residents are ***required*** to attend one state or regional pharmacy organization meeting (i.e. Western States Residency Conference or a conference relevant to the PGY2s residency project) and one national pharmacy organization meeting (i.e. ASHP Midyear Meeting) and are encouraged to attend local Board of Pharmacy meetings if offered virtually.

Confidentiality

Development of professional ethics and awareness of a patient's need for confidential and private counseling are important components of clinical education. Residents will receive training on HIPAA guidelines. It is their responsibility to never mention patients by name at inappropriate times or discuss patients with team members in areas where information may be overheard (ex. while in stairwells or on elevators). Paperwork containing patient or employee personal information must be placed in appropriate containers for shredding. Emails containing patient information will be sent using encryption and only to parties permitted to receive this information. It is critical that all employees do not leave a computer terminal open for access by other individuals. If residents find themselves in a position where patient confidentiality may be compromised, they should remove themselves from the situation.

The U.S. Government computer system is for official use only. The files on this system include federal records that contain sensitive information. All activities on this system may be monitored to measure network performance and resource utilization; to detect unauthorized access to or misuse of the system or individual files and utilities on the system including personal use; and to protect the operational integrity of the system. Use of this system constitutes your consent to such monitoring. Misuse of or unauthorized access to this system may result in criminal prosecution and disciplinary, adverse, or other appropriate action.

Grievances

Conflict in the workplace is very common and needs to be dealt with in a healthy, productive fashion. When conflicts go unaddressed, they can have a negative impact on productivity and teamwork. Because of this, conflict resolution is a necessary component of the workplace. Successful conflict resolution requires a mature, non-confrontational approach and should always begin with the involved parties. If the resident is unable to resolve a conflict with the involved party, the residency chain of command should be employed to effectively communicate and resolve conflicts that may arise during the residency year. It is the resident's responsibility to explain, understand, and utilize the appropriate chain of command within the department. The residency chain of command generally consists of:

1. Preceptor
2. Residency Program Director

3. VISN Pharmacy Executive
4. National Director of Pharmacy Residency Programs and Education
Lori Golterman, PharmD, Lori.Golterman@va.gov, (202) 641-4059

Attitude

The resident is expected to demonstrate professional responsibility, dedication, motivation, and maturity with regards to all activities and responsibilities associated with the residency for its entirety. The resident shall demonstrate the ability to work and interact with all staff and patients of the Medical Center in a productive and harmonious manner. Appropriate attire, personal hygiene and conduct are expected at all times. The resident will adhere to all the regulations governing the operations of the Department of Veterans Affairs Medical Center without exception.

Residency Disciplinary Actions and Dismissal Policy

It is not expected that any disciplinary actions will be needed during the residency. However, criteria have been established to avoid making an unpleasant situation more difficult. Each resident is expected to perform in an exemplary manner. If a resident fails to meet the requirements of the program, disciplinary action will be taken. Examples of inadequate or poor performance include dishonesty, repetitive failure to complete assignments, being late for clinical assignments, abuse of annual and/or sick leave, violating VISN 21 or VA policies and procedures, patient abuse, violating ethics or laws of pharmacy practice, and failure to maintain pharmacy licensure. The following sequence of disciplinary actions is outlined:

1. *Minor and initial failure to adhere to requirements will result in an initial verbal counseling by the primary preceptor or the Residency Program Director. A note stating a verbal counseling has occurred will be sent to the Residency Board. If a resident is late to work more than one time the resident will be considered absent without leave and a pay reduction will be assessed for the time missed.*

2. *For repeated or more severe incidents, the Residency Program Director or Residency Board will give residents a formal written warning of failure to meet the requirements of the residency program. A list of actions and/or additional assignments required to continue in the program will be determined by the Residency Program Director or Residency Board and must be signed by the resident. The RPD will follow the resident's compliance with the required actions. Failure with compliance may lead to the dismissal of the resident from the program. Failure to maintain licensure will result in dismissal of the resident from the program.*

3. *For identified Needs Improvements (NIs)on summative evaluations, immediate RPD involvement is required. A written Performance Improvement (PI) plan will be created with routine check-in (i.e. monthly) regardless of whether improvement is noted to ensure there is no reverting or new issues that arise and to allow the resident to gauge performance and offer adequate time for remediation if necessary.*

4. *Failure to comply with the required actions set forth by the Residency Program Director or Residency Board will be documented in writing by the preceptor, Residency Board, or Residency Director. The Residency Board, Chief of Pharmacy/VISN Pharmacy Executive, and*

Residency Program Director will decide whether dismissal is necessary after reviewing the situation with the resident and preceptor. If dismissal is necessary, the proper process will be initiated.For minor or initial failure to adhere to requirements will result in a verbal counseling by the primary preceptor or the RPD.

Termination Policy

A PGY1/PGY2 Pharmacy resident may be terminated at the discretion of the Chief of Pharmacy, VISN Pharmacy Executive, and Residency Program Director for failure to meet the program objectives and requirements as outlined in the PGY1/PGY2 Pharmacy Residency Manual or failure to meet the terms of employment of the Reno VA Medical Center set forth in the Medical Center's Standards of Ethical Conduct and Related Responsibilities of Employees.

ASHP Accreditation Standards

The ASHP standards for the Pharmacy Practice Residency Program are important for understanding because they are our contract with each resident. The areas and functions in which residents will have involvement are described in the accreditation standards. The supporting guidelines, technical bulletins, and statements for the best practice involving a required aspect of training are available online at http://www.ASHP.org

To ensure training efficiency and effectiveness, the program will use a systems-based approach to training design, delivery and evaluation. It is important to continuously assess individual practice skills, particularly in relation to these *ASHP Accreditation Standards for Postgraduate Year Two (PGY2) Pharmacy Residency Programs* and the *ASHP Regulations on Accreditation of Pharmacy Residencies*. Provided in **Appendix V** is the comprehensive list of outcomes and instructional objectives specific to the Population Health Management and Data Analytics PGY2 residency. These, in combination with our drafted document will assist with the Continuous Quality Improvement (CQI) (**Appendix III**) that is completed in the last month of the residency year.

Presentations and Activities

In order for the resident to attain competency in the levels of practice as required by the pharmacy practice standards, residents will complete the following:

Assigned Projects/Presentations

A schedule of assigned presentations will be provided during the orientation month of July. Any deviations from this schedule must be approved by the Residency Program Director. The resident will also be expected to present various projects, proposals, etc. as they come up throughout the year.

For examples of assigned projects and presentations, please e-mail v21pbmstaff@va.gov

Optional Presentations

If the schedule allows and there is sufficient resident interest, the PGY-2 residents may opt into participating in a Journal Club experience. PGY2 Residents participate in the monthly VA National Journal Clubs, may be invited to participate in presentation of a journal club nationally or may optionally present at bi-weekly staff meetings. **Appendix VI** has guidance for completing a journal club that may be useful.

For examples of assigned projects and presentations, please e-mail v21pbmstaff@va.gov

Required Meetings and Activities

A list of required meetings will be provided during the orientation month of July. Any absences from those meetings will need to be pre-arranged by the Residency Program Director. In addition, any Learning Experience specific required meetings/activities will be outlined in the Learning Experience Descriptor. Any absences will need to be pre-arranged by the assigned preceptor.

Example List of Required Meetings and Assignments:

- VISN 21 PBM Formulary Committee Meetings
  - Residents assist in taking minutes for these meetings and contribute to agenda items
- VISN 21 MUM Team Meetings
  - Residents assist in taking minutes for these meetings and contribute to agenda items
- Any Assigned VISN Taskforce/Subcommittee Meetings
- Any PBM Staff Huddles
- One local or state meeting and one national professional meeting (pharmacy-related)
- Resident Leadership Lecture Series via the Reno VA (*time varies but typically every 2nd Wed and 4th Friday at 3:30pm*)
- Assigned PharmAcademic evaluations as well as initial and quarterly self-evaluations
- Spring/Summer Resident Project Practice Presentations as assigned
- Understanding Designs for Clinical Research Course

Example List of Optional Meetings and Assignments:

- VISN Task Forces/Subcommittees :
  - Academic Detailers
  - Adverse Drug Event Reporting (ADERs)
  - Anticoagulation
  - Antimicrobial Stewardship
  - Hepatitis C/Liver
  - Endocrine
  - Mental Health
  - Nutrition
  - Oncology
  - Pain
  - Call Center Mondernization
  - Wound Care

Other VISN and National Meetings

- CDW Insights Calls
- Region 1 BISLTeam Call
- Executive Leadership Forum
- National Clinical Pharmacy Advisory Group Call
- VISN 21 Clinical Pharmacy Practice Council
- National Chiefs of Pharmacy Call
- VISN 21 Residency Program Directors Committee
- VPE VACO Monthly Call
- Health Care Delivery Committee

Scheduled Events

- Each Resident should start an Individual Calendar of Scheduled Events (Usually kept on Outlook). Please see orientation check list, rotation schedule, and master calendar for required meetings, events, and timelines

Residency Structure and Rotations

Orientation

Orientation will occur throughout the month of July and will include orientation to the VISN 21 and the PBM strucutre, an introduction to the residency/PharmAcademic system, computer training, and other miscellaneous mandatory training (organization, etc.). Residents will be oriented to the program including the purpose, applicable accreditation regulations and standards, designated learning experiences, and the evaluation strategy and policy. The RPD will perform this orientation according to a schedule provided via Outlook calendar invites. The staff will also be oriented to the residency program as necessary. Additionally, preceptors will be responsible for orienting their residents to their assigned learning experiences including reviewing and providing written copies of the learning experience educational goals and objectives, associated learning activities, and

evaluation strategies. The resident will also begin SQL training as part of their Clinical Data Management and Analytics rotation during orientation.

Core Rotation Experiences

The residents are scheduled for experiences throughout the year in order to allow for learning in various areas. Most of the learning experiences during this PGY-2 residency are longitudinal in structure. Any changes to this schedule need to be in agreement with all preceptors involved, the Residency Board, and/or the Residency Program Director. The resident will be expected to achieve 90% of the program objectives in order to graduate from the residency. The resident's rotation schedule is available to view in PharmAcademic under the Resident Master schedule Report option.

The core required rotations will be in the areas of:

- Population-Based Health Care
- Clinical Data Management and Analytics
- Quality Improvement or Research Project
- Leadership and Management
- Teaching Education and Dissemination of Knowledge
- Pharmacy Benefit Design and Formulary Management

All required goals and objectives must be taught and formally evaluated at least once in the residency. The program will identify if any additional elective goals and objectives will be evaluated. These outcomes/goals are listed earlier in the Residency Manual, and the full Outcomes, Goals, and Objectives document can be found in Appendix V and are also included under each rotation experience description. The Goals and Objectives form the basis for feedback and evaluation.

A table with the full mapping of Outcomes, Goals, and Objectives and the rotations where objectives are taught or taught plus evaluated is available in PharmAcademic under the Goals and Objectives Taught/Taught and Evaluated in Learning Experiences report in PharmAcademic. Residency teams assign their choice of educational goals and objectives to the learning experiences in which they will be taught and decide in which of these learning experiences each goal will be evaluated. The goals can be taught and evaluated once or multiple times. T stands for Taught and TE stands for taught and evaluated. See also https://www.pharmacademic.com for further PharmAcademic information and guidance.

Elective Experiences

Each resident will have opportunities to choose two experiences that are considered electives. Elective experiences are specifically intended to tailor the residency experience to the resident's needs, goals, and interests to help them gain more confidence and skills. Currently we offer electives in Advanced Skills with Technology or Automation Systems, Advanced Formulary Management and Advanced Leadership and Management. There is an additional short term Academia experience residents can also elect to take in addition if interested. If there is a specific area that the resident is interested in gaining more experience and there is a viable rotation site available, the residency program director, at their discretion, may facilitate arrangement of a one-month elective. This would occur in the last 6 months of the year and only if the resident is on track to successfully complete all rotations and assigned projects and anticipated to achieve critical objectives and demonstrate

adequate improvement on all other program goals and objectives. ***The resident is responsible for arranging all electives with the preceptor and the RPD***. Please notify the RPD and Preceptor by 10/1 if you are interested in the Academia elective experience and by 12/1 what advanced elective experiences you are interested in for the last quarter of the residency.

Core Learning Experience Preceptors

Learning Experience	Preceptor(s) *Indicates Lead	Contact Information
Population-Based Health Care	*Janice Taylor, PharmD, BCPS Aaron Leyba, PharmD, BCPS Kushal Shah, PharmD, BCPS	775-326-5727
Clinical Data Management and Analytics	*Jennifer Marin, PharmD, BCPS Amy Robinson, PharmD Steve Flynn, PharmD, BCPS	713-614-6856 650-336-4619
Quality Improvement or Research Project	*Janice Taylor, PharmD, BCPS Primary project preceptor	775-326-5727
Leadership and Management	*Scott Mambourg, PharmD, BCPS, AAHIVP Diana Higgins, PharmD	775-326-5724 916-923-4532
Teaching, Education, and Dissemination of Knowledge	*Ramona Shayegani, PharmD Jennifer Marin, PharmD, BCPS	713-614-6856
Pharmacy Benefit Design and Formulary Management	*Robert Malmstrom, PharmD Cherie Dillon, PharmD Scott Mambourg, PharmD, BCPS, AAHIVP	775-326-5724
Academia (Elective)	*Joy Meier, PharmD, BCACP	Joy.meier55@gmail.com
Advanced Skills with Technology or Automation Systems (Elective)	* Amy Robinson, PharmD Jennifer Marin, PharmD, BCPS	650-336-4619 713-614-6856

Advanced Leadership and Management (Elective)	*Scott Mambourg, PharmD, BCPS, AAHIVP Diana Higgins, PharmD	775-326-5724 916-923-4532
Advanced Pharmacy Benefit Design and Formulary Management (Elective)	*Robert Malmstrom, PharmD Jennifer Marin, PharmD, BCPS	713-614-6856

Learning Experience Descriptors

1. Population-Based Health Care
2. Clinical Data Management and Analytics
3. Quality Improvement or Research Project
4. Leadership and Management
5. Teaching, Education, and Dissemination of Knowledge
6. Pharmacy Benefit Design and Formulary Management
7. Academia
8. Advanced Skills with Technology or Automation Systems
9. Elective (Example)

Population-Based Health Care

Updated 7/1/2020

Brief Learning Experience Descriptor:
This is a longitudinal rotation intended to provide continued clinical practice in combination with population management throughout the residency year. The resident will be working in collaboration with the pharmacy service of our VISN 21 stations Pharmacy Service and available VISN 21 dashboard tools to improve patient safety, quality and other outcomes. The resident will be assigned to this experience ½ day/week throughout the year. The purpose of this rotation is to continue to expose the resident to direct patient care through the use of analysis tools to identify/target patients based on local needs at the assigned VISN 21 station (to assist in meeting metrics, measures, or fulfilling another patient care need). This will maintain and improve the resident's clinical abilities while allowing them the opportunity to utilize tools they are creating in order to provide the perspective of an end-user. The resident will not only collect and analyze patient information from the analysis tools, but work in collaboration with other healthcare providers at the medical center to create patient plans and directly involve themselves in patient care as necessary

Preceptors:

Name	Title	Email	Phone
Janice Taylor, PharmD, BCPS	VISN 21 Deputy VPE – Clinical & PGY2 RPD	Janice.Taylor5@va.gov	775-505-9025
Aaron Leyba, PharmD, BCPS	VASNHCS Pharmacoeconomics Pharmacist	Aaron.Leyba@va.gov	775-326-2727
Kushal Shah, PharmD, BCPS	VISN 21 CRH Program Manager	Kushal.Shah2@va.gov	
Other preceptors, as assigned			

Goals and Associated Objectives formally taught and evaluated during this experience:

Competency Area R1: Population-Based Health Care		
Goal R1.1: Demonstrate understand of basic population-based health principles, standards, and best practices.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R1.1.1: (Understanding) Describe the concept of population health and the basic framework that relates healthcare policy and health factors to overall population health.	• *Describes the concept of population versus individual patient health management.* • *Understands the concepts of health disparities, health equity, social determinants of health (SDOH), and population health and their relationship to each other.*	*1*

	• *Discusses the pharmacist's role in population health management.* • *Reviews the organization's process for designing and/or participating in population health management programs.*	
Objective R1.1.2: (Understanding) Identify standards and standard-setting bodies governing the use of data, information and knowledge in population-based health and best practices.	• *Identifies standards and key external governing bodies that influence implementation and ongoing management of information systems in population-based healthcare (e.g., CMS, NCQA, PQA, URAC, NCPDP).* • *Identifies appropriate internal stakeholders that influence population health management (e.g., employer groups, clinical leadership, and medical practice groups).* • *Reviews evidence-based, patient-centered practice guidelines that may be used in the development of a population health program or initiative.* • *Explains how changes to laws and regulations (e.g., value-based purchasing, consumer driven healthcare, reimbursement models) relate to medication use, pharmacy practice, and patient outcomes impact the practice and services provided.* • *States current legal and regulatory requirements relevant to organization's operations (e.g., prescription drug benefits).* • *Explains the purpose of external quality metrics (e.g., CMS Five Stars, HEDIS, PQA, and URAC) and how they are developed, abstracted, reported, and used in the context of a value-based health care system.* • *Identifies appropriate resources (e.g., pipeline information, clinical trials, practice guidelines) to keep updated on trends and changes within pharmacy and health care.*	*2*
Goal R1.2: Collect and analyze patient population data for the health system or organization.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R1.2.1: (Applying) Identify the targeted patient population(s) that meets the needs of the organization.	• *Reviews pharmacy and/or health-system strategic plan and short/long-term goals to align target population with organizational priorities.* • *Discusses recently completed or planned pharmacy projects to discover target populations of recent interest to the department.* • *Meets with pharmacy/organizational leaders to identify target population(s) of interest to leadership.*	*2*
Objective R1.2.2: (Applying) Identify targeted patient population(s) using analytical tools	• *Effectively develops queries which identify appropriate patients needing clinical intervention.*	*2*

such as dashboards or reports to prioritize the delivery of pharmaceutical care.	• *Displays patient lists and data in dashboards or reports which are easily utilized by the end user.* • *Conducts quality checks of processes to ensure capture of correct patients and determines the validity and reliability of the tool.*	
Objective R1.2.3: (Analyzing) Assess patient data against evidence-based medical literature to make decisions at the individual patient and/or population-based level, to assess/resolve a medication-related problem and to make patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations.	• *Accurately assesses a patient and/or population-based medication regimen to ensure it is concordant with best evidence-based medical literature available.* • *Assesses gaps in medication and/or non-medication therapies.* • *Accesses patient data to improve medication and/or non-medication based care at the individual patient and/or population-based level.*	*2*
Objective R1.2.4: (Understanding) Demonstrate understanding of analytic tools utilized in the evaluation of patient care improvement projects.	• *Identifies a variety of analytic tools utilized in healthcare informatics.* • *Articulates the pros and cons of the analytic tools identified.*	*1*
Objective R1.2.5: (Analyzing) Prioritize the development of analytic tools based on the potential for improvement of patient care.	• *Identifies relevant factors when determining priority for patient care improvement initiatives.* • *Demonstrates the change to the urgency of tool development or reordering of current priorities based on the complexity or severity of patient problems.* • *Ensures time and effort is productively focused on organizational priorities.*	*2*
Goal R1.3: Collaborate with departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's criteria for appropriate medication use management.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R1.3.1: (Creating) Collaborate with a team to write, revise, or provide input to a health plan and/or health system on an existing guideline/protocol.	• *Collaborates effectively with peers to create/revise a guideline/protocol.* • *Assures guideline/protocol is able to be practically implemented by all affected parties.* • *Uses appropriate evidence-based, peer reviewed, literature.* • *Ensures that guideline/protocol adheres to all applicable rules and regulations of the organization.*	*3*
Objective R1.3.2: (Creating) Create a measure/metric of population health outcome(s) collaborating with peers as appropriate.	• *Effectively compiles suggestions from peers to create/revise a measure/metric(s).* • *Constructs measurable measure/metric(s).* • *Uses existing guideline-based external quality metric sources where appropriate.*	*3*

Goal R1.4: Ensure that all patient-specific, medication-specific, and evidence-based pharmacotherapy information required to support effective medication-related decisions is readily available in a useful format to all end users.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R1.4.1: (Creating) Develop an evidenced-based resource/tool.	• *Creates/updates/maximizes a new resource/tool using appropriate evidence-based literature to optimize medication related decisions at the population, patient, and provider level.* • *Identifies gaps between current literature and/or clinical guidelines and how information is presented in an existing population management tool.* • *Identifies essential data to include in the tool that will maximize efficiency and capability of drawing conclusions about patient care.* • *Outlines presentation of data within the tool that optimizes understanding and feasibility of implementation by the end user.* • *Proposes updates to an existing tool or framework for a new tool to clinical leaders and other stakeholders for approval.*	*3*

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

If a resident is not progressing as expected during a block on specific objectives, those deficiencies will be identified during the rotation's ongoing formative evaluations and/or customized plans and activities re-assigned during the existing block and/or the next rotation block. Specific activities will be assigned to address deficient objectives to be completed either by the end of the current rotation block or within the first 2 months of the next block, in order to demonstrate progression. The resident will be formally re-evaluated on those objectives upon completion of the current block or at the end of the first 2 months of the next block (using PharmAcademic summative evaluation or on-the-fly evaluation) to ensure ongoing monitoring of progression and mastery of skills. The resident will continue to be required to meet the objectives already assigned to the block, even when objectives from prior block(s) have been re-assigned, in order to ensure adequate progression through the year.

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- VISN PBM Formulary Committee
- Local P&T Committee meetings
- Any others as it relates to population management area/tools

The resident may be excused from some of these programs with permission from the residency director if they conflict with scheduled patient care activities or other projects.

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- Work with local station preceptor to determine appropriate population/metric to target
- Utilize analysis tools to identify high risk patients for population management activity
- Evaluate patient profiles for drug-related problems
- Appropriately monitor and evaluate therapy based on indication/formulary choices
- Make recommendations to physicians as needed
- Answer drug information questions for nurses, physicians, patients
- Document adverse events in VISTA with "PIR" or Patient incident report" access
- Document your interventions in CPRS

Clinical Data Management and Analytics

Updated: 7/1/2020

Brief Learning Experience Descriptor:

Overall the resident will learn and apply a variety of data skills from database extraction to final product development, with the goal of independent creation and maintenance of electronic dashboards and reports. Knowledge and applied use of structured query language (SQL) will be taught for leveraging relational databases. This includes formulating, executing, and revising plans and coding procedures for data extractions using SQL. Upon graduation from the program, the resident will have an overall understanding of the VA health data repository, the Corporate Data Warehouse (CDW), and the VISN 21-specific database within the CDW. In addition to SQL, the resident will be taught data analysis and report design with programs such as Power BI.

Preceptors:

Name	Title	Email	Phone
Jennifer Marin, PharmD, BCPS	VISN 21 Chief Health Analytics Officer	Jennifer.Marin@va.gov	713-614-6856
Amy Robinson, PharmD	Associate Director of Architecture and Infrastructure Office of Mental Health and Suicide Prevention	Amy.Robinson8@va.gov	650-336-4619

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

Block 1: Residents will train on various software applications including T-SQL (basic), SQL Server Integration Services, and Pyramid Analytics. They will become familiar with processes for data access and data requests, including VISN 21 LEAF. Residents will understand and be able to explain various database concepts including relational databases, efficient programming, data warehouse architecture and permissions, indexing, data security methods and purpose, and clinical decision support through technology. Residents will be able to write basic efficient queries of the level of those demonstrated during General SQL Training, build prescription utilization reports in Pyramid or Power BI, and manipulate existing reports for analyses. Preceptors will conduct training courses and work with residents while building their first several queries and analyses, modeling/demonstrating application of the programs. The residents will progress over the first half to being able to independently perform data queries and analyses, with preceptors reviewing and providing input on modifications or additional analytic concepts for incorporation as the residents gain more skill and independence.

Block 2: Residents become more independent and assume active role as data management experts in the organization, providing data extraction and analytics services to customers (pharmacoeconomists, formulary managers, clinical teams, service line chiefs, and network leadership). Preceptors attend meetings or discussions when data or analysis is requested, coaching the resident on how to inquire and customize products to the customer's needs. Preceptors coach residents to take on more responsibilities, as residents will serve as the point of contact for new analytics projects. Preceptors will offer troubleshooting assistance on more complex queries and projects.

Block 3: The resident will work on existing and new projects, using his/her best practices and becoming fully independent from the preceptor. Throughout the projects, the resident will evaluate data and implement appropriate interventions. Preceptor will facilitate when necessary.

If a resident is not progressing as expected during a block on specific objectives, those deficiencies will be identified during the rotation's ongoing formative evaluations and/or customized plans and activities re-assigned during the existing block and/or the next rotation block. Specific activities will be assigned to address deficient objectives to be completed either by the end of the current rotation block or within the first 2 months of the next block, in order to demonstrate progression. The resident will be formally re-evaluated on those objectives upon completion of the current block or at the end of the first 2 months of the next block (using PharmAcademic summative evaluation or on-the-fly evaluation) to ensure ongoing monitoring of progression and mastery of skills. The resident will continue to be required to meet the objectives already assigned to the block, even when objectives from prior block(s) have been re-assigned, in order to ensure adequate progression through the year.

<u>Goals and Associated Objectives formally taught and evaluated during this experience</u>:

Competency Area R2: Clinical Data Management and Analytics
Goal R1.1: Demonstrate knowledge of data generation, flow and capture, storage, and use in business and clinical decision-making.

Objective	Related Activity/Instructional Objectives	Block Evaluated
Objective R2.1.1: (Understanding) Explain available technology for medication prescribing, order processing and verification, preparation, distribution, dispensing, monitoring, safe and efficient administration and documentation of these activities.	• *Describes the technology for prescribing, order processing, distribution/dispensing, monitoring, safe/efficient administration and documentation.* • *Describes the interconnectivity of technology systems/processes.* • *Explains current literature with regard to patient safety related to technology and automation systems for the medication ordering life cycle.* • *Explains the benefits of and challenges to the positive identification of medication and the patient during medication administration and documentation.* • *Explains the "seven rights" of medication administration and documentation.* • *Describes the function and pros and cons of synchronous versus asynchronous decision support.* • *Explains the components of a rule-based order alerts.* • *Explains the impact of rule-based order alerts on clinical pharmacy practice.*	1
Objective R2.1.2: (Understanding) Explain the concept of data warehousing, capture of documented healthcare data in a primary system and translation to a data warehouse, and its use in querying data for clinical and operational decision-making.	• *Explains what a data warehouse is.* • *Explains the data flow from primary systems into a data warehouse.* • *Explains the roles of data aggregation and data integration in population health.* • *Explains some of the challenges of data aggregation and data integration in population health.* • *Explains examples of use cases, using data from a data warehouse for population health decision-making.*	1
Objective R2.1.3: (Creating) Construct a workflow process diagram(s) using knowledge of data flow, workflows, and identification of appropriate team members.	• *Explains how data flow and workflow process diagrams integrate into clear identification of current processes and stakeholders.* • *Develops a workflow process diagram(s) for a project.* • *Plans for a project that includes appropriate reviews and approvals required by stakeholders.*	1
Goal R2.2: Demonstrate and apply understanding of basic analytics principles, standards, and best practices.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**

Objective R2.2.1: (Understanding) Utilize best practice strategies to maximize code performance and data management.	• *Explains the principles and uses of databases in the management of large volumes of data to facilitate decision making, including effective use of dashboards and reports.* • *Explains the difference between transactional and analytic database design.* • *Explains how to develop analysis tools that are sufficiently detailed to support desired user goals.* • *Understands strategies for efficient programming (e.g., indexing, dimensional modeling, limiting data retrieval to only necessary information, data consistency, and best practices for data warehouse architecture).*	1
Objective R2.2.2: (Applying) Collaborate with information technology staff and other professionals to assess analysis tool security and patient protections for conformance with accepted standards including access control, data security, data encryption, HIPAA privacy regulations, and ethical and legal issues.	• *Demonstrates understanding of the organization's regulatory policies for maintaining security of patient information.* • *Explains accepted criteria for system security.* • *Demonstrates understanding of current HIPAA regulations and the application of those regulations to pharmacy technology and automation systems.* • *Articulates ethical considerations related to management of protected health information.* • *Identifies specific steps to guard patient data.* • *Applies accepted criteria for system security during assessments.* • *Understands various risks and security issues with regard to all potential vectors, for example, email, external software systems, electronic health records.* • *Articulates the following data issues: De-identification, encryption, HIPAA, PHI, and understanding proper approvals.*	2
Objective R2.2.3: (Creating) Demonstrate proficiency in the use of databases and data analysis software to successfully construct reports and dashboards.	• *Applies strategies for efficient programming (e.g., indexing, dimensional modeling, limiting data retrieval to only necessary information, data consistency, and best practices for data warehouse architecture).* • *Follows/interprets data process flow chart and identify appropriate tables to extract data for clinical and operational tools in response to internal queries.* • *Demonstrates the ability to refactor queries to improve performance.* • *Evaluates the effectiveness, utilization, and quality of the tools requested by providers within the organization.*	2

	• *Performs statistical analyses for the purpose of evaluating the data.* • *Draws accurate conclusions regarding significance of information.*	
Goal R2.3: Establish oneself as an expert for data retrieval, evidence-based medication information, and outcomes-related resources within the organization.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R2.3.1: (Applying) Implement a strategy for earning credibility within the organization as an authoritative expert on the creation of analytic tools, measurement of outcomes, and overall evidence-based medication-related care of patients.	• *Explains the business reason behind a data request and the clinical impact of the results.* • *Raises awareness within the organization of role and services offered, serving as a resource for reliable data and information for other providers.* • *Fulfills requests for provider-requested data, reports, or outcomes in an accurate and efficient manner.* • *Participates in committees and/or collaborates with team members on organizational activities.* • *Provides consultation to limit or expand the scope of a request, enhances use across all care team members, and tailors to specific end user types to ensure highest value to the organization.* • *Engages in continuing education activities related to role as applicable.*	3
Objective R2.3.2: (Applying) Contribute clinical perspective and expertise regarding the development, implementation, utilization, and revision of outcomes measures and metrics, and analysis tools in interactions with information technology staff, clinicians and end users.	• *Engages with information technology staff, clinicians and end users to ensure that the appropriate clinical perspective is incorporated into the data extraction, outcomes measures and metrics, and analysis tools.* • *Effectively bridges knowledge gaps, utilizing clinical and technical knowledge in collecting and analyzing population health data, to efficiently address operational and clinical aims of the organization.* • *Presents the resource/tool to the end user(s) and explains the benefits of the resource/tool.* • *Prepares an effective communication for presentation to the end user(s).* • *Assesses the benefits and risks associated with use of the resource/tool.* • *Discusses the implementation and evaluation plans.* • *Appropriately responds to questions regarding the resource/tool.*	2

	• *Reports outcome of change accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.* • *Uses effective communication skills to accommodate the target audience.*	
Objective R2.3.3: (Analyzing) Analyze feedback from the end user(s) on usability and efficacy of the resource/tool and revise accordingly.	• *Effectively prepares methods to collect feedback from end user(s).* • *Analyzes data/feedback from end user(s) on the resource/tool.* • *Uses end user data/feedback to revise resource/tool to meet the needs of the end user(s).*	3
Goal R2.4: Evaluate opportunities for improving patient outcomes, clinical and operational efficiencies, safety and quality of the medication-use process through the application of Continuous Quality Improvement (CQI) strategies.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R2.4.1: (Understanding) Demonstrate knowledge of the formal structure of a CQI initiative.	• *Identifies the basic components of a CQI initiative (Plan-Do-Study-Act).* • *Articulates the purpose of each step of the PDSA cycle.* • *Reviews the Institute for Healthcare Improvement (IHI) Model.* • *Describes the quality measures in healthcare and how they relate to population health as well as economic incentives and reimbursement.* • *Describes the process of health technology assessment and healthcare decision making.*	1
Objective R2.4.2: (Applying): Design and/or deliver processes and/or initiatives that support quality measures to improve population health outcomes of medication therapy.	• *Participates in the organization's process for designing and aligning with population health management initiatives.* • *Applies an understanding of evidence-based, patient-centered medication therapy to identify practice guidelines to be used in the development of population health management initiatives.* • *Applies an understanding of evidence-based, patient-centered medication therapy to establish process and outcome measures used to implement and evaluate population health management initiatives.* • *Uses appropriate outcome measurements to measure and evaluate the success of population health management programs and initiatives.*	2

Objective R2.4.3: (Evaluating) Use data collection tools and/or methodologies to identify opportunities to improve medication-use processes.	• *Demonstrates understanding of the process of direct observation of the human/technology interface for the purpose of analysis.* • *Effectively uses interviewing skills for the purpose of understanding the human/technology interface.* • *Recognizes and articulates limitations of identification techniques.* • *Utilizes subjective direct observation, survey and interview techniques.* • *Incorporates objective data collection techniques to confirm subjective root cause analysis.* • *Determines the appropriate tool and/or methodologies for data collection, including, but not limited to: fish bone diagrams, Five Whys, Pareto, 80/20 rule, other reports, root cause analysis.* • *Develops a basic financial model for developing and reviewing a program, including key quality and safety metrics.*	2
Objective R2.4.4: (Applying) Participate in a CQI initiative and lead a component of a technology or automation system.	• *Develops group leadership skills through team based engagement with population health concepts.* • *Organizes an appropriate team to evaluate a technology or automation system and identify areas for improvement.* • *Identifies a specific aim for the CQI initiative.* • *Establishes outcome measures for the CQI initiative.* • *Agrees on changes that will address the aim of the CQI initiative.* • *Tests changes.* • *Implements changes.* • *Evaluates results.*	3

Schedule:
Longitudinal Learning Experience

- The learning experience will begin in July and continue throughout the year.
- Assignments made on a weekly basis by the preceptors.

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- VISN 21 PBM Staff Huddle (Daily at 8:45am)

- Region 1 BISL Meeting (Currently on pause; anticipate resuming twice monthly), please attend at least one meeting a month
- VISN 21 Clinical Data Manager Meeting (Every other Wednesday 2:00pm)
- SQL Training (Dates in orientation schedule)
- Taskforce Meetings (As assigned)

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- SQL Training Exercises
- Queries involving basic SQL coding
- Conduct data queries using Pyramid Analytics
- Use and interpret analysis tools effectively
- Perform validation of data using SQL, Pyramid, Dashboards, and CPRS
- Prepare data for presentation using Microsoft Excel, PowerPoint, or similar program
- Utilize/Create ETL packages using SSIS
- Development of data elements in dashboard tool or other end-user products
- Perform maintenance and troubleshooting on analysis tools
- Actively participate in new product development and design

Assigned Readings/Discussion topics:

Joy Meier. Clinical Data Management Presentation
Kathi Kellenberger. Beginning T-SQL 2012, Apress Publications
Naming Best Practices- Database Objects

Supplemental Reading:

Jason Brimhall et al. SQL Server 2012 T-SQL Recipes. Apress.
Jan Harrington. SQL Clearly Explained. Morgan Kaufmann

Quality Improvement or Research Project

Updated -7/1/2020

Brief Learning Experience Descriptor:
This learning experience is designed to develop, execute, and report results of investigations of pharmacy practice-related issues. The resident will be responsible for obtaining experience in all areas of a research or quality improvement project including development of a hypothesis, submission of a project proposal, application to IRB (for research approval or classification as a QI), data collection, data analysis, drawing conclusions, and manuscript presentation. The resident will work with the RPD and one or more preceptors throughout the project life cycle as well as the Research personnel from the VASNHCS who will assist in coordinating project deadlines and IRB approval. Residents will be encouraged to conduct outcomes-based research or quality improvement projects, preferably incorporating the skills learned from other rotations and building

a new analysis tool that will assist in the data mining component of the project. In addition to the manuscript, residents are required to present a project poster at the ASHP Midyear Clinical Meeting and a PowerPoint presentation at the annual NVSHP resident CE forum in the spring, in addition to a poster or platform presentation at another professional meeting of their choosing in the spring.

Preceptors:

Name	Title	Email	Phone
Janice Taylor, PharmD, BCPS	VISN 21 Deputy VPE – Clinical & RPD	Janice.Taylor5@va.gov	775-326-5727
Assigned primary project preceptor			

Goals and Associated Objectives formally taught and evaluated during this experience:

Competency Area R3: Quality Improvement or Research Project		
Goal R3.1: Demonstrate the ability to conduct a population health, data analytics, quality improvement, or research project using effective project management skills.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R3.1.1: (Understanding) Explain the principles and methodology of study design (i.e., clinical, humanistic, and economic outcomes analysis).	• *Explains the different types of clinical, humanistic or economic outcomes analysis, along with the pros and cons of each (prospective versus retrospective).* • *Explains the purpose of a clinical, humanistic or economic outcomes analysis.* • *Explains study designs appropriate for a clinical, humanistic and economic outcomes analysis.* • *Explains the technique and application of modeling.* • *Explains the types of data that must be collected in a clinical, humanistic and economic outcomes analysis.* • *Explains possible reliable sources of data for a clinical, humanistic and economic outcomes analysis.* • *Explains methods for analyzing data in a clinical, humanistic and economic outcomes analysis.* • *Explains how results of an outcomes analysis can be applied to internal business decisions and modifications to a customer's formulary or benefit design.*	*1*
Objective R3.1.2: (Analyzing) Identify and/or demonstrate understanding of specific project topic related to population health management, data analytics, or advancing the pharmacy profession.	• *Appropriately identifies or understands problems and opportunities for improvement or research projects.* • *Conducts a comprehensive literature search and draws appropriate conclusions.*	*1*

	• *Determines an appropriate research question or topic for a practice-related project of significance to patient care that can realistically be addressed in the desired time frame.* • *Uses best practices or evidence-based principles to identify opportunities for improvements.* • *Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.*	
Objective R3.1.3: (Creating) Develop a plan or research protocol for a quality improvement or research project related to the care of a specified population of patients or for advancing the pharmacy profession in population health management.	• *Develops specific aims, selects an appropriate study design, and develops study methods to answer the research question(s).* • *Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.* • *Develops a plan for improvement that includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders.* • *Applies evidence-based and/or basic pharmacoeconomic principles, if needed.* • *Develops a feasible design for a prospective or retrospective clinical or outcomes analysis project that considers who or what will be affected by the project.* • *Identifies and obtains necessary approvals, (e.g., IRB, quality review board, funding) and responds promptly to feedback or reviews for a practice-related project.* • *Acts in accordance with the ethics of research on human subjects, if applicable.* • *Implements the project as specified in its design.* • *Designs plans that are practical to implement and are expected to remedy or minimize the identified challenge or deficiency.*	*2*
Objective R3.1.4: (Evaluating) Collect and evaluate data for a quality improvement or research project related to the care of a specified population of patients or advancing the pharmacy profession in population health management.	• *Collects the appropriate types of data as required by project design.* • *Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.* • *Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis.*	*2*

	• *Develops and follows an appropriate research or project timeline.* • *Correctly identifies need for additional modifications or changes to the project.* • *Applies results of a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis to internal business decisions and modifications to a customer's formulary or benefit design as appropriate.* • *Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.* • *Considers the impact of the limitations of the project or research design on the interpretation of results.* • *Accurately and appropriately develops plans to address opportunities for additional changes.*	
Objective R3.1.5: (Applying) Implement quality improvement or research project related to the care of a specified population of patients or advancing the pharmacy profession related to population health management.	• *Effectively presents a research project (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience.* • *Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.* • *Gains necessary commitment and approval for implementation.* • *Follows established timeline and milestones.* • *Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.*	*3*
Objective R3.1.6: (Evaluating) Assess changes or need to make changes to improve care of a specified population of patients or advancing the pharmacy profession related to population health management.	• *Evaluates data and/or outcome of project accurately and fully.* • *Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.* • *Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.* • *Correctly identifies need for additional modifications or changes based on outcome.* • *Accurately assesses the impact of the project, including its sustainability (if applicable).*	*3*

	• *Accurately and appropriately develops a plan to address opportunities for additional changes.*	

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

See residency project timeline outlined below.

Designated Meetings/Specific Responsibilities:

Written Assignments

1. Residency Project Proposal
2. ASHP Midyear Clinical Meeting Poster Presentation Abstract
3. Regulatory Application(s) for project
   a. Quality Improvement (QI) (non-research) Form
   -OR-
   b. UNR Internal Review Board Application (Research)
   c. Research and Development Committee Application (Research)
4. Western States Conference (formerly "Asilomar") Project Abstract
5. Western States Conference Handout (to compliment project presentation)
6. Regulatory Closure of Project (for research projects only, does not apply to QI projects)
   a. UNR Internal Review Board Application (Research)
   b. Research and Development Committee application (Research)
7. Project Manuscript

Presentations:

1. ASHP Midyear Clinical Meeting: Project Poster
2. Western States Conference: Presentation of Project
3. NVSHP Meeting: Presentation of Project

Security Clearance for Projects:

PGY-2 Residents and Fellows:

1. Read access to VistA/CPRS – All Stations
2. Read and write access to V21 Servers
3. CDW Access
4. Dashboard security request
5. Remote Desktop Connection Installation –Reno IRM
6. VISN 21 /VSSC Reports – online forms
7. National PBM Cubes—Alan Celestino
8. Mail groups—

Evaluations (via PharmAcademic)

1. A snapshot or a longitudinal summative evaluation will be completed on a quarterly basis by the residency program director for this learning experience.
2. A snapshot or a longitudinal summative self-evaluation will be completed by the resident on a quarterly basis.
3. A summative evaluation will be completed upon the completion of the project by the research pharmacist and/or the residency program director.
4. The resident will complete a summative self-evaluation upon completion of the learning experience.
5. The resident will also complete a preceptor and learning experience evaluation upon the completion of the learning experience.

Assigned Readings/Discussion topics:

Required:

1. Harrington, Jan L. SQL Clearly Explained 3rd Edition. 2010. Morgan Kaufmann Publications.
2. Dupont. Statistical Foundations of Biomedical Research 2nd Edition, Cambridge University Press.

Optional:

1. Wang, S. MDX Queries Using SQL Server and Essbase. 1st Edition, Brooks/Cenage.
   Cole M. Pro Full Text Search. 1st Edition, 2008, Apress.
2. Clinical Trials: Piantadosi, S. Applied Clinical Trial Design, 2nd Edition. JHU Press

Project/Proposal/Manuscript Process and Schedule

Implementation/Data Collection:

The resident must receive approval from the Residency Committee prior to initiating the project. The project advisor and program director must be apprised of the progress and all problems encountered in a timely manner. The resident must meet with the project advisor at least monthly to discuss the progress and report on progress to the program director. The Project Resources folder on the V21PBMShare drive will include useful resources and the resident may find all the latest up to date forms they will need at this link: https://renovaresearch.org/

Presentation:

For both the proposal and the presentation of the results, the resident must demonstrate to the Residency Committee a thorough understanding of the topic, the methods, any shortcomings of the study and the results and conclusions supported by the project. The prepared presentation should be 15 minutes with the remainder of the time left for questions and answers (5 minutes). Audiovisuals should be used to enhance the presentation as appropriate and per Western States guidelines with handouts of the presentation provided to facilitate feedback from preceptors. WSC Guideline information can be found here: http://www.westernstates-rx.org/index.php/abstract-presentation-preparation

Quality:

The resident must meet scientific standards for quality in all aspects of the project. The resident may be required to repeat any or all aspects of the project if the standards are not met. The resident will not receive a residency certificate if the project is not completed or if a final paper suitable for publication is not submitted by the approved deadline. Suitability will be determined by the residency advisor and program director with the advice of the Residency Board.

Format for Proposal/Manuscript (Also follow IRB requirements)

Introduction

- Clear statement of the question/problem to be addressed
- Rationale and background information (including literature review) to justify the project
- Significance of the problem
- Possible solutions
- Study objectives/purpose
- Hypothesis

Methodology

- Study Design
  - Selection and/or inclusion/exclusion criteria, randomization, blinding, sample size and population
  - Control and treatment groups
  - End points—definition and method of measure
  - Timetable for completion
- Data collection
  - What data will be collected, when, how often and by whom
  - Patient consent form if required
- Analysis

- Objective
- Subjective
- Statistical analysis

Resources

- Resources available/needed
- Budget

Investigators

- Resident's role and role of others

*Results**

- Data Presentation
  - Outcome
  - Subjects completing the study—number included, etc.
  - Drop outs, reasons for dropouts
  - Demographics
- Response rates/other means of reporting results
- Statistical analysis and significance
- Subjective results and trends

*Discussion**

- Interpretation of results
- Comparison with other studies
- Implications

*Conclusions**
References/Bibliography

*Only required for final paper (not for proposal)

Residency Project Timeline

The resident is given appropriate time during orientation to complete research training. During the first several months the resident is encouraged to select a project and begin study development. IRB R&D or QI approval should be secured as appropriate to the study design. Data collection and study conduct should be given significant time in December and January. The following timeline should provide a rough idea of how the project should proceed throughout the residency year.

Month	Due Date	Description
July	On scheduled meeting date	**Meet research staff**
	On scheduled meeting date	**Receive information on available projects** Research pharmacist, Residency director and preceptors will meet with residents as a group to describe available research projects and ideas
	Last Thursday of the month	**Complete CITI Training – Web based training** **Complete TMS training – titled "Ethics Most Wanted"** Print 2 completion certificates, place one copy in your residency binder and give the other to the research pharmacist [research pharmacist will fax a copy to the research department for their records]
		Choose project for residency year Email RPD chosen project and project preceptor name
August	When posted by ASHP (date varies)	**ASHP Midyear Clinical Meeting poster submission site for students, residents and fellows opens.** Become familiar with submission process and poster guidelines, as you will be submitting a poster of your planned project. Applications are due by October 1st to ASHP. (*Midyear poster may be different than year-long residency project*)
	Third Thursday of the month	**Complete draft of research proposal and present to staff at VISN 21 PBM Staff meeting** - Be prepared to talk about your project idea and proposed methods for about 5 minutes, and take notes on questions and suggestions for your final draft
	Last Friday of the Month	**Final draft of research proposal, with prior approval from preceptor, due to research pharmacist** Email document to research pharmacist, and cc project preceptor(s), noting that this has been approved as a final draft
September	Third Friday of the Month	**Arrange and execute a meeting with project preceptor(s), research pharmacist, and residency director to discuss project status as "Quality Improvement" or "Research"** Different regulatory requirements must be met based on the intent and structure of the project. This meeting will determine which forms and approvals must be completed for the resident to proceed.
	Last Friday of the Month	**ASHP Midyear Clinical Meeting poster submission due** Follow directions at www.ASHP.org
October	Second Thursday of the Month	**Regulatory submissions complete – Either IRB or QI documents submitted to Research Department and/or UNR IRB**
	Third Monday of the Month	**DRAFT of ASHP poster due to preceptor(s) and research pharmacist for review and comment.**
November	First Monday of the Month	**FINAL ASHP poster due to preceptor(s) and research pharmacist for review and approval.**

		Once approved you may move ahead to printing of the poster, contact Craig Smith for printing information
December	Occurs the first or second week of the month	**Attend ASHP Midyear Clinical Meeting and Present Research Poster**
	Final weekday of the month	**All IRB and R&D approvals or final authorized QI form (for non-research) should have been obtained at this point, copies of all approval letters are due to the research pharmacist.**
January	Third Monday of January	**Draft of Spring Conference Abstract due to preceptor(s) and research pharmacist for comment and review** See http://www.westernstates-rx.org/ for information and regulations regarding abstract format and submission
February	Mid-February	**Register for Spring Conference** (
	End of Month	**Finish data collection for project**
March	By assigned date (see outlook calendar appointment)	**Finish draft of Spring Conference presentation and complete first presentation to preceptors and pharmacy staff**
April	As needed	**Continue data analysis and refinement of project presentation**
	Second Friday in April	**Submit journal choice and author guidelines for manuscript to preceptor(s) and research pharmacist via email** Start/continue work on draft of manuscript
May	Dates vary, check website	**Attend Spring Conference and present project**
	Last Friday in May	**Submit 2 research project ideas for next year's residents (usually you will see some project presentations at the spring Conference that might be beneficial if performed here)** Submit projects via V21PBMShare for new residents. Use the project proposal form and save to the submitted project ideas folder.
		Submit project closure documents to research department Note: this is only for research projects, no closure documentation is needed for non-research/QI projects

Leadership and Management

Updated 07/1/2020

Brief Learning Experience Descriptor:

This rotation is an extended learning experience that will help residents become familiar with the key principles utilized in health systems for leadership and overall practice improvement. The VISN 21 Pharmacy Executive and Deputy VPEs will serve as the primary preceptor and evaluators for this experience; though the resident will be precepted by other management/leaders within the organization as well. This experience is designed to expose the resident to leadership nomenclature, key principles, tools, and available resources that will assist them in growing as clinicians, practitioners, and leaders. During the residency, practice foundation skills and values will be taught and observed by preceptors and the experience will be individualized based on the resident's baseline knowledge and growth throughout the year. The resident will participate in a number of activities designed to improve their working knowledge and experience with leadership concepts. The overarching goal of this longitudinal experience is to enable the resident to apply the knowledge gained to any pharmacy practice setting to improve their individual practice and confidently utilize leadership skills. Topics may include mission/vision statements, strategic

plans, effective communication, networking, mentoring, clinical leadership, leadership strategies, available resources/opportunities, regulatory bodies, finances, medication safety, organizations, the importance of publishing, and various programs/activities designed to develop the resident's pharmacy practice/leadership foundation.

Preceptors:

Name	Title	Email	Phone
Scott Mambourg, PharmD, BCPS, AAHIVP	VISN 21 Pharmacy Executive	Scott.Mambourg@va.gov	775-326-5724
Diana Higgins, PharmD	VISN 21 Deputy VPE - Operations	Diana.Higgins@va.gov	916-923-4532
Other preceptors, as assigned			

Goals and Associated Objectives formally taught and evaluated during this experience:

Competency Area R4: Leadership and Management		
Goal R4.1: Demonstrate leadership skills for successful self-development in the provision of population health management and data analytics.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R4.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.	• *Demonstrates efficient time management by completing assigned projects on-time or communicating delays to the preceptor.* • *Manages conflict effectively.* • *Demonstrates effective negotiation skills.* • *Demonstrates ability to lead interprofessional teams by assisting with VISN level committees i.e. MUM team and Formulary Committee* . • *Uses effective communication skills and styles.* • *Demonstrates understanding of perspectives of various health care professionals.* • *Effectively expresses benefits of personal profession-wide leadership and advocacy.*	*2*
Objective R4.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of population health management and data analytics.	• *Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).* • *Effectively uses a self-evaluation process for developing professional direction, goals, and plans.* • *Effectively engages in self-evaluation of progress on specified goals and plans.*	*2*

	• *Demonstrates ability to use and incorporate constructive feedback from others.* • *Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).*	
Goal R4.2: Demonstrate management skills in the provision of population health management and data analytics.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R4.2.1: (Applying) Contribute to departmental management of population health management and data analytics.	• *Helps identify and define significant departmental needs, including:* o *Manpower/staffing.* o *Staff scheduling and contingencies.* o *Staff qualifications.* o *Assesses and develops educational opportunities regarding population health management for service line staff.* o *Effectively participates in, or evaluates, strategic plan by assisting with putting together the annual VISN PBM report* • *Participates effectively on VISN committees or informal work groups to complete group projects, tasks, or goals.* • *Participates effectively in implementing changes, using change management and quality improvement best practices and tools, consistent with team, departmental, and organizational goals.*	*2*
Objective R4.2.2: (Applying) Manage one's own advanced practice effectively.	• *Reviews and interprets the most recent primary literature when tasked with a data request, pharmacoeconomic evaluation or upon request from a preceptor/colleague..* • *Evaluates clinical practice activities for potential contributions to scholarship.* • *Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one's own practice.* • *Makes accurate, criteria-based assessments of one's own ability to perform practice tasks.* • *Regularly integrates new learning into subsequent performances of a task until expectations are met.* • *Routinely seeks applicable learning opportunities when performance does not meet expectations.* • *Demonstrates effective workload and time-management skills.*	*2*

	• *Assumes responsibility for personal work quality and improvement.* • *Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, and meetings).* • *Sets and meets realistic goals and timelines.* • *Demonstrates awareness of own values, motivations, and emotions.* • *Demonstrates enthusiasm, self-motivation, and a "can-do" approach.* • *Strives to maintain a healthy work–life balance.* • *Works collaboratively within the organization's political and decision-making structure.* • *Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification.* • *Demonstrates pride in and commitment to population health management and data analytics through membership in professional organizations related to the pharmacy practice.* • *Demonstrates personal commitment and adheres to organizational and departmental policies and procedures.*	
Goal R4.3: Assist the organization in achieving compliance with accreditation, legal, regulatory, and safety requirements related to the use of medications (e.g., appropriate accrediting bodies and related professional organization standards, statements, and/or guidelines; state and federal laws regulating pharmacy practice).		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R4.3.1: (Analyzing) Determine appropriate activities and documentation needed to meet accreditation, legal, regulatory, and safety requirements for pharmacy.	• *Accurately interprets legal (e.g., Medicaid/Medicare, State, Federal), regulatory (e.g., CMS), and accreditation requirements (e.g., TJC, HEDIS, NCQA, URAC).* *Demonstrates knowledge of and understanding related to VHA policy.* • *Reviews current organizational documentation related to compliance by assisting with preparation, survey and follow-up of VORP survey.* • *Articulates implications associated with non-compliance.*	*3*
Objective R4.3.2: (Applying) Participate in the organizational compliance processes for accreditation, legal, regulatory,	• *Accurately assesses organizational current practice to requirements.*	*3*

and safety requirements related to data, medications, and pharmacy practice.	*Actively participates in the preparation, review and follow-up of at least one VORP surves for Pharmacy Service.* *Effectively addresses VHA policy questions as they arise.* • *Identifies gaps in compliance.* • *Develops proposed strategies to close gaps in compliance.* • *Actively participates in organizational committees which oversee organizational compliance.*	

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

Block 1 – July/August/September
Block 2 – October/November/December
Block 3 – January/February/March
Advanced Elective: April/May/June

Schedule:
Extended Learning Experience

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- PBM Staff Meetings (*Biweekly on Thursday's @ 9am*)
- Resident Leadership Conference (*Every 2nd Wed and 4th Friday at 3:30pm*)
- VISN PBM Workgroup (*4th Friday/month*)
- Clinical Practice Council (*2nd Thursday every other month*)
- NTL VISN Formulary Leader Meeting (*2nd Monday/month*)
- Executive Leadership Meetings (*Every other month as assigned*)
- One local or state meeting and one national professional meeting (must be pharmacy-related)
  - Attend ASHP Midyear Meeting and residency booth recruitment (December)
  - Attend Nevada State Board of Pharmacy meetings held in Northern Nevada (Reno)
  - Attend Nevada Board of Pharmacy Meeting(s)
  - Community Service Activity
- Help plan/facilitate Pharmacy Week (*Usually 3rd week in October*)
- NVSHP involvement (*Annual Meeting if possible*)
- Taskforce Meetings (*As assigned*)
- Institutional Review Board (IRB) meetings (*Optional*)
- Regulatory Preparation meetings (e.g. Joint Commission, ASHP, etc.) – (*Optional*)

The resident may be excused from some of these programs with permission from the residency director if they conflict with scheduled patient care activities or other projects.

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- As assigned by the VISN 21 Pharmacy Executive and VASNHCS Chief of Pharmacy

Evaluation process:

The resident will be evaluated on the objectives noted above. Formative evaluations will be completed as needed with verbal feedback given continually throughout the experience. The resident will complete scheduled self-evaluations and the preceptor will complete a scheduled summative evaluation of the resident.

Assigned Readings/Discussion topics:

1. Leadership Lecture Series topics include:
   a. Professionalism
   b. Career planning
   c. Whitney Award Winners
   d. Strength Finders (Gallup Training) – purchased for each resident – ongoing
   e. HBDI (whole brain thinking) – ongoing
   f. Annual Pharmacist Workshop
   g. Nevada Law CE
   h. Interviewing Skills
   i. Axiom "Leadership Lessons" for a Lifetime
      - Vision and Strategy
      - Teamwork and Communication
      - Activity and Assessment
      - Personal Integrity
      - Hiring for talent
   j. LEAN Management
2. Immortal Life of Henrietta Lacks

Additional Potential Assigned Readings/Discussion topics:

During the course of the rotation/longitudinal experience, the residents may be required to participate in some of the following activities, readings, or projects as assigned by the preceptor.

1. Watch at least one of the following videos and discuss your impression:
   a. ASHP Foundation Leadership videos
   b. Whitney Award Winner Interview Videos
2. Complete a leadership self-assessment on the ASHP Foundation Leadership Website
3. Review examples of leadership resources:
   a. ASHP Center for Health-System Pharmacy Leadership, Leadership Resource Center
   b. ASHP Practice Manager
   c. Center for Creative Leadership
   d. Harvard Business Review (**Recommend signing up for daily tips)
   e. Emotional Intelligence
   f. ASHP Leadership Toolkit
4. Write a personal mission statement, reflecting on the philosophy of leadership
5. Review and assess departmental organizational chart

6. Discuss the roles of pharmacy leaders related to:
   a. Local, state, national organizations
   b. State boards of Pharmacy
   c. Legislative actions
   d. Role in the Food and Drug Administration (FDA), Drug Enforcement Agency (DEA), Center for Medicare and Medicaid Services (CMS)
7. Manager vs. Leader
   a. Zaleznik A. "Managers and Leaders: Are they different?" Harvard Business Review January 2004
   b. Nahata MC. "Balancing leadership and management." Am J Pharm Educ 2001; 65:295-6
8. General Leadership
   a. ASHP statement on professionalism. Am J Health-Syst Pharm 2008; 65:172–4.
   b. ASHP statement on the roles and responsibilities of the pharmacy executive. Am J Health-Syst Pharm 2009; 66:499–502.
   c. Holdford DA. "Leadership theories and their lessons for pharmacists." Am J Health-Syst Pharm 2003; 60: 1780-6.
   d. White SJ. "Will there be a pharmacy leadership crisis?" An ASHP Foundation Scholar-in-Residence report. Am J Health-Syst Pharm 2005; 62:845-55.
   e. Covey, SR. The 7 Habits of Highly Effective People. New York: Free Press; 1989.
   f. Kerr RA, Beck DE, Doss J, et al. "Building a Sustainable System of Leadership Development for Pharmacy: Report of the 2008-09 Argus Commission." Am J Pharm Educ 2009; 73(suppl):S5.
   g. White, SJ. "Leadership: Successful Alchemy" Am J Health Syst Pharm 2006 63: 1497-1503.
   h. Jastrzembski, JB. "Developing leadership skills." Am J Health Syst Pharm 2007 64: 1900-1903.
   i. Goffee R and Jones G. "Why Should Anyone Be Led by You?" Harvard Business Review 9 (2000): 1-7.
   j. George W, et al. "Discovering your authentic leadership" Harvard Business Review February 2007.
   k. Schaffer R. "Four Mistakes Leaders Keep Making." Harvard Business Review September 2010.
   l. Goleman D. "What makes a leader?" Harvard Business Review January 2004.
   m. Derescewicz W. Solitude and leadership, American Scholar, Spring 2010.
9. Clinical Leadership/Non Traditional Leadership
   a. The American Society of Health-System Pharmacists Research and Education Foundation Center for Health-System Pharmacy Leadership Student and New Practitioner Leadership Task Force. Final Report: Leadership is a Professional Obligation (2009).
   b. Johnson PE, Austin J, Murphy-Enright S. Managing the outlander syndrome. Am J Health Syst Pharm 2012;69:612-614.
10. Leading People (Coaching/Counseling/Evaluations)
   a. Goffee R and Jones G. "Why Should Anyone Be Led by You?" Harvard Business Review 9 (2000): 1-7.

c. White SJ and Scott BE. Progressive Discipline, Am J Health-Syst Pharm 1984; 41:1824-1828.

11. Mission/Vision
    a. Review organization and department mission/vision statements
    b. Gottleib Hildy. Three Statements that can change the world: mission, vision values. ReSolve, Inc. 2007. Accessed 8/29/13
    c. Longman, Phillip. Best Care Anywhere – Why VA Healthcare is Better Than Yours.
12. Strategic Planning
    a. Kaissi AA, et al. Strategic Planning Processes and Hospital Financial Performance. Journal of Healthcare Management May/June 2008: 53:3.
13. Communication
    a. McDonough, RP and Bennett MS. Improving Communication Skills of Pharmacy Students through Effective Precepting. American Journal of Pharmaceutical Education 2006; 70 (3) Article 58.
14. Time Management /Work-Life Balance
    a. Organizing for Leadership, Time Management Self Assessment. Accessed 8/29/13.
    b. White S. "Integrating your personal life and career." Am J Health-Syst. Pharm 2007;64: 358:360.
15. Networking
    a. Ibarra H and Hunter M. "How Leaders Create and Use Networks." Harvard Business Review January 2007.
16. Social/Emotional Intelligence
    a. Goleman D and Boyatzis R "Social Intelligence and the Biology of Leadership." Harvard Business Review September 2008.
17. Stressful situations
    a. Zilz DA, Woodward BW, Thielke TS, Shane RR, Scott B. "Leadership skills for a high-performance pharmacy practice" Am J Health Syst Pharm 2004 61: 2562-2574.
    b. Heifetz R, Grashow A, Linsky M. Leadership in a permanent crisis. Harvard Business Review July 2009.
18. Recruitment
    a. Martin J and Schmidt C. "How to Keep your Top Talent" Harvard Business Review May 2010.
19. Mentoring
    a. White, SJ, Tryon JE. "How to find and succeed as a mentor." Am J Health-Syst Pharm 2007, 64: 1258-1259.
    b. Wensel TM. "Mentor or preceptor: What is the difference?"Am J Health-Syst Pharm 2006: 63: 1597.
    c. Webb JW. Harvey A.K. Whitney lecture. "The art of growing professionally." Am J Health-Syst Pharm 1986: 43: 1923-1926.
    d. Emmons BF. "Standing in the shadow of greatness." Am J Health-Syst Pharm: 2008: 65: 360.
    e. Kleinmann K. Harvey A. K. Whitney Lecture. "We really do care." Am J Health-Syst Pharm 1994: 51:2011-2015.
    f. Altman JS. "The value of mentorship" Am J Health-Syst Pharm 2005: 62: 2474-2477.
20. Change Management

a. Kotter JP. “Leading Change: Why Transformation Efforts Fail” Harvard Business Review January 2007.
b. Strebel P. “Why do Employees Resist Change” Harvard Business Review May-June 1996
c. Kotter JP. “Choosing Strategies for Change” Harvard Business Review July-August 2008.

21. Performance Improvement
    a. Six Sigma and Lean topics
    b. Project management skills topics
    c. Kaplan, R and D. Norton. “Using the Balanced Scorecard as a Strategic Management System” Harvard Business Review July-August 2007
22. Personal Change
    a. White SJ. “Managing yourself so others want to work with you.” Am J Health-Syst Pharm 2008 65: 922-925.
    b. Rath T. Strengths Finder 2.0. Gallup Press 2007.
23. Decision Making
    a. Martin R. “How Successful Leaders Think” Harvard Business Review June 2007.
    b. Snowden D and Boone M. A Leader’s Framework to Decision Making. Harvard Business Review November 2007.
    c. ASHP Code of Ethics for Pharmacists

Teaching, Education, and Dissemination of Knowledge

Updated 07/01/2020

Brief Learning Experience Descriptor:
This is an extended learning experience
Description
The purpose of the Academic Detailing experience is to introduce the pharmacy resident to the skills and techniques of Academic Detailing and to allow them to practice the skill.

Setting
VISN 21 facilities

Role of the Academic Detailer
The Academic Detailer is responsible for providing Academic Detailing to staff based on national and VISN initiatives. Academic Detailing involves reviewing and learning evidence-based medicine, developing and/or promoting educational pieces that include key messages, providing Academic Detailing outreach visits to VA staff, identifying and resolving barriers, and socializing new Academic Detailing campaigns.

Resident Responsibilities
The pharmacy resident will be expected to contact and request (via email, phone call, or other form of communication as necessary) academic detailing outreach visits with VA staff, prepare for each outreach visit, and lead an outreach visit after practicing and shadowing preceptor. Preparation for an outreach visit may take up to 75% of a detailer's time while the actual outreach visit may take only about 25% of the detailer's time. Each Academic Detailing outreach visit should last between 10-30 minutes on average and include 6 core components: 1.Introduction, 2.Needs assessment, 3.Key messages/features/benefits, 4.Handling Objections (barriers and enablers), 5.Summary, and 6.Close. The resident will also be expected to follow-up with the staff member(s) after the outreach visit and to address or resolve (if possible) any barriers discovered/uncovered during the visit. The resident will also be expected to socialize Academic Detailing campaigns at team meetings, staff meetings and meetings with leadership as well as develop and/or edit provider and patient level educational materials as needed.

Preceptors:

Name	Title	Email	Phone
Ramona Shayegani	VISN 21 Academic Detailing Manager	Ramona.Shayegani@va.gov	

Goals and Associated Objectives formally taught and evaluated during this experience:

Competency Area R5: Teaching, Education, and Dissemination of Knowledge
Goal R5.1: Provide effective medication and practice-related education to health care professionals in population health management and data analytics.

Objective	Related Activity/Instructional Objectives	Block Evaluated
Objective R5.1.1: (Creating) Design effective educational activities related to population health management and data analytics.	• *Accurately defines educational needs, including learning styles, with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient, student versus PGY1 resident).* • *Selects topics of significance.* • *Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences' defined learning needs.* • *Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).* • *Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), timely and reflects best practices.* • *Includes accurate citations and relevant references and adheres to applicable copyright laws.*	*2*
Objective R5.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to population health management and data analytics.	• *Demonstrates rapport with learners.* • *Captures and maintains learner/audience interest throughout the presentation.* • *Implements planned teaching strategies effectively.* • *Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).* • *Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of "um" and other interjections).* • *Body language, movement, and expressions enhance presentations.* • *Summarizes important points at appropriate times throughout presentations.* • *Transitions smoothly between concepts.* • *Effectively uses audio-visual aids and handouts to support learning activities.*	*3*

Objective R5.1.3: (Applying) Use effective written communication to disseminate knowledge related to population health management and data analytics.	• *Writes in a manner that is easily understandable and free of errors.* • *Demonstrates thorough understanding of the topic.* • *Notes appropriate citations and references.* • *Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.* • *Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate.* • *Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, and the public).* • *Creates one's own work and does not engage in plagiarism*	*2*
Objective R5.1.4: (Evaluating) Assess effectiveness of education related to population health management and data analytics.	• *Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, and learner demonstration of new skill) that matches activity.* • *Provides timely, constructive, and criteria-based feedback to learner.* • *If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.* • *Determines how well learning objectives were met.* • *Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.* • *Identifies ways to improve education-related skills.* • *Obtains, reviews, and applies feedback from learners and others to improve effectiveness as an educator.*	*3*
Goal R5.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R5.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs.	• *Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).* *o Selects direct instruction when learners need background content.*	*2*

	o Selects modeling when learners have sufficient background knowledge to understand the skill being modeled. *o Selects coaching when learners are prepared to perform a skill under supervision.* *o Selects facilitating when learners have performed a skill satisfactorily under supervision.*	
Objective R5.2.2: (Applying) Employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills.	• *Accurately assesses the learner's skill level to determine the appropriate preceptor role for providing practice-based teaching.* • *Instructs students, technicians, or others as appropriate .* • *Models skills, including "thinking out loud," so learners can "observe" critical-thinking skills.* • *Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.* • *Facilitates, when appropriate, by allowing learner independence and uses indirect monitoring of performance.*	*2*

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

Block 1
Block 2
Block 3

1. The resident will read the Academic Detailing Basic Skills Training Manual (attached) and discuss with preceptor during the first week of the experience.
2. The resident will observe at least 3 "cold-calls" where the preceptor is requesting an appointment for an academic detailing outreach visit with a provider during the first month of the experience.
3. The resident will shadow the Academic Detailing Preceptor for 3 or more one-on-one Academic Detailing outreach visits to observe the interaction and be introduced to the communications skills involved in Academic Detailing during the first month of the experience.
4. The resident will provide at least 2 informal evaluations of the preceptor (using the attached form as a guide) to note whether each of the 6 core components were present during the observed detailing sessions during the first month of the experience.
5. The resident will shadow the Academic Detailing preceptor during 1 or more socializations of an Academic Detailing campaign and 1 or more small group (2-4 attendees) academic detailing outreach visits during the first month of the experience.
6. The resident will socialize an Academic Detailing campaign at 1 or more staff meetings and 1 or more team meetings during months two or three of the experience.
7. The resident will request one-on-one Academic Detailing appointments with at least 3 providers during months two and three of the experience.

8. The resident will lead 3 or more one-on-one Academic Detailing outreach visits with providers during months two and three of the experience and include the 6 core components of an Academic Detailing outreach visit.
9. The resident will lead 3 or more Academic Detailing outreach visits in a small group setting (2-4 attendees)
10. Resident will edit or develop at least one educational piece for providers or patients by the end of the experience

Accountability

Evaluation of Performance

The resident will be evaluated on the goals, objectives, and expectations outlined for this learning experience. Informal verbal feedback will be provided throughout the rotation and formal feedback will be delivered on completion both verbally and in PharmAcademic. The resident should request additional feedback if the amount being received is insufficient.

Summative evaluations: This evaluation summarizes the resident's performance throughout the learning experience. Specific comments should be included to provide the resident with criteria based feedback that they can use to improve their performance in subsequent learning experiences.

Formative evaluation:

The preceptor will formally evaluate 3 or more one-on-one academic detailing educational sessions using the attached assessment form. If the detailer is unable to score at 75 points or higher on a minimum of 2 Academic Detailing outreach visit assessments, he or she will be unable to perform a detailing session without the preceptor present. If the resident is able to achieve 75 points or higher on 2 or more evaluations, the resident will be allowed conduct an Academic Detailing outreach visit without the preceptor present. For these visits, the preceptor will seek informal feedback from providers being detailed and ask for information on strengths and weaknesses, areas for improvement and overall satisfaction with the resident Detailer.

Academic Detailing Outreach Visit Assessment Form

Academic Detailing Outreach Visit Assess

Schedule:

Extended Learning Experience

- The learning experience will begin after orientation and

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- Fill in here

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- Fill in if have any

Assigned Readings/Discussion topics:

Basic Skills Workshop Training Manual.docx

1. AD Basic Skills Training Manual

Pharmacy Benefit Design and Formulary Management

Brief Learning Experience Descriptor:
This is a required longitudinal learning experience that begins after orientation and continues throughout the year. The VISN 21 Pharmacy Executive and the VISN 21 Pharmacy Program Manager will serve as the primary preceptors for this learning experience. The resident will develop the knowledge, skills, values and abilities necessary to assist in creating and maintaining Drug Use Criteria/Criteria for Use, improving procurement, contract compliance, and inventory control activities to achieve maximum savings and data accuracy. Several standing committees and many practitioners are involved with the work of developing, modifying, and maintaining the VA National Formulary. In addition, the VISNs are responsible for adherence to Drug Use Criteria and Criteria for Use developed nationally and locally. The VISN PBM supports many aspects of the programs designed to support this system. The resident will be exposed to the concepts of managed care systems through their involvement in all aspects of VISN formulary management. Overall, the resident will better understand the complete cycle of drug procurement from the formulary addition, to negotiating contracts with the manufacturer, to ordering, and to receiving the pharmaceuticals. In addition, the resident will gain the necessary knowledge and experience in revenue generation to better understand the legislation, regulation and policies concerning the prescription benefit within the Veterans Health Care Administration. From this fundamental knowledge the resident will also be able to gain expertise in minimizing drug expenditures through cost-containment projects such as pharmacoeconomic conversion proposals. These are therapeutic interchanges which assess the feasibility of changing a VISN 19 and 21 population from one drug or item to another which incorporate safety, efficacy, cost projections and logistics of changing market share. These projects will be developed and assigned by the preceptor at the direction of committees, task forces, informal groups and will be independent and group learning experiences. The resident will be assigned tasks and will work with a variety of VISN employees in diverse areas to accomplish PBM goals/business for this learning experience.

The resident will develop skills, values and abilities in the practical application of pharmacoeconomic principles to the VA healthcare environment and in research design and methodologies to assess pharmaceutical-related economic, clinical, and humanistic health outcomes. The VISN Pharmacoeconomics lead, PADR team, VASNHCS Pharmacoeconomics Pharmacist, and VISN data analysts serve as the preceptors for this learning experience that begins after orientation and continues through March with the option of an Advanced elective. The resident will be assigned tasks and will work with a variety of VISN employees in diverse areas to accomplish tasks for this learning experience. Outcome projects will be developed and assigned by the preceptor at the direction of committees, task forces, informal groups and will be independent and group learning experiences.

Name	Title	Email	Phone
Robert Malmstrom, PharmD,	VISN 19 & 21 Pharmacoeconomics Program Manager	Robert.Malmstrom@va.gov	925-586-8365

Name	Title	Email	Phone
Cherie Dillon, PharmD	VISN 21/National PADR Pilot Program Manager	Cherie.Dillon@va.gov	

Goals and Associated Objectives formally taught and evaluated during this experience:

Competency Area R6: Pharmacy Benefit Design and Formulary Management		
Goal R6.1: Explain the interrelationship of the pharmacy benefit design elements and the organization's health care systems.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R6.1.1: (Analyzing) Examine elements of pharmacy benefit design and management such as co-pay, formulary, medication utilization management, prior authorization procedures, consults, access to pharmacy networks, and contract negotiations (medication acquisition and/or network pharmacies).	• *Compares and contrasts government (e.g., VA, DoD, Medicare) PBM roles and functions to private sector PBM roles and functions.* • *Differentiates patient eligibility requirements and benefits for various plans.* • *Appraises the methods for pharmaceutical procurement (e.g., prime vendor, open market, contract, use of inventory management systems).* • *Complete formulary review(s) for presentation to designated decision-making bodies.* • *Apply evidence-based medicine principles to the review and critique of pertinent literature and apply to formulary and population health management issues.* • *Perform a medication use evaluation on a targeted drug or prescribing practices and present results and recommendations to an appropriate committee or workgroup.* • *Participate in the ongoing revision of a health system's drug formulary.* ▫ *Use established concepts and principles to revise or implement a health system's drug formulary.* ▫ *Explain the purpose and organization of a health system's drug formulary and the role of the P&T Committee in establishing it.* ▫ *Prepare a drug monograph or literature review of a formulary issue for use by P&T committee members for decision-making.* ▫ *Make recommendations for appropriate drug utilization of a drug or class of medications based on comparative data.* • *Construct a drug sequencing reference document for a specified drug class.*	*2 and 3*

Objective R6.1.2: (Analyzing) Research literature, business publications, websites and other relevant resources to assemble a list of factors that will influence sites' budget projections for the organization's funding period.	• *Reviews resources for identifying pipeline drugs.* • *Analyzes factors considered when determining whether a particular drug would be used by the covered population.* • *Analyzes the influence of specialty drugs on the pharmacy budget.*	*2*
Objective R6.1.3: (Creating) Assist the organization in planning and managing pharmacy drug spend.	• *Designs models to predict drug spend, considering various plausible scenarios that could influence spend trajectory over the projected time frame.* • *Generates cost savings plans that use formulary management techniques to achieve cost savings or cost avoidance.* • *Constructs monitoring tools to track drug spend and savings.* • *Produces financial reports that are meaningful and tailored to various customers (e.g., organizational leadership, clients, pharmacy directors, and formulary management staff).* • *Applies clinical perspective and expertise to devise metrics to track and trend drug spend.* **Advanced Elective Activities* • ***Constructs at least 2 conversion outcomes assessment >1 year post approval. Details to include, but not limited to: % conversion rate, total savings by station and VISN, % recidivism rate, ADR's related to the new drug and ED/UC/hospitalizations related to the conversion.*** • ***Develop a process and/or tool for reporting cost impact and efficiency of the PADR team.***	*3*
Goal R6.2: Manage aspects of the medication-use process related to formulary management through use of pharmacoeconomic proposals, medication use criteria, and organizational policies and procedures affecting the care of patients.		
Objective	**Related Activity/Instructional Objectives**	**Block Evaluated**
Objective R6.2.1: (Applying) Communicate formulary changes and/or outcomes to the organization.	• *Accurately evaluates the effectiveness of channels of communication throughout the organization.* • *Proposes communicating through an existing channel or suggests the development of a new/revised channel.* • *Develops clear and concise communication messages.* • *Assesses communication effectiveness.*	*2*
Objective R6.2.2: (Creating) Prepare written medication use policy, applying clinical expertise, literature evaluation and	• *Explains the principles and methodology of basic pharmacoeconomic analyses.*	*2*

appropriate pharmacoeconomic analyses.	• *Appraises published and unpublished literature and other clinical information in the development of prior authorization/drug use criteria.* • *Prepares succinct, comprehensive written products that address technical, operational and clinical perspectives and are considerate of workload/staff impact.* • *Conducts a pharmacoeconomic analysis to support a medication policy and/or process recommendation or decision (e.g., Decision Analysis, Cost-Effectiveness Analysis, Cost-Benefit Analysis, Cost-Minimization Analysis, and Cost-Utility Analysis).* • *Develop an analytical review of approved conversions that have not been implemented in VISN 19 and 21 and provide this information to the stations.* **Advanced Elective Activity* • ***Present at least one approved pharmacoeconomic conversion proposal to a local P&T Committee, provide tools for provider and pharmacist education and organize provide support for implementation in at least 1 station in VISN 19 or 21.*** • *Gains consensus for the approval of the written criteria or policy through the organization's governing bodies.* • *Uses evidence-based principles to develop criteria for use.*	*4*
Objective R6.2.3: (Applying) Present the medication use policy to an interdisciplinary organizational committee and gain consensus for approval.	• *Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.* • *Presentations reflect understanding of the composition and responsibilities of the organization's committee.* • *Presentations reflect understanding of the pharmacist's responsibilities when participating in committee decision-making.* • *Presentations use appropriate style of presentation for committee meetings.* **Advanced Elective Activity* • ***Develop agenda for and run at least 1 VISN 21 Medication Use Management and 1 PBM meeting***	*4*
Objective R6.2.4: (Evaluating) Assess the impact of a policy or process recommendation on patient safety and quality of care.	• *Demonstrates a systematic approach to gathering data.* • *Accurately analyzes data gathered.* • *Presents finding to key stakeholders.* • *Implements approved changes, as applicable.* **Advanced Elective Activity*	

	• ***Constructs at least 2 conversion outcomes assessment <u>>1 year post approval. Details to include, but not limited to: % conversion rate, total savings by station and VISN, % recidivism rate, ADR's related to the new drug and ED/UC/hospitalizations related to the conversion.</u>***	*4*

<u>Expected progression of resident responsibility on this learning experience:</u> (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

Block 1: The resident will become acquainted with local P&T policies and procedures and the roles of the various disciplines serving on a P&T Committee, as well as present topics as applicable. The resident will become acquainted with the VA formulary, National Pharmacy Benefits Management structure, definitions and VISN 21 resources to aid in local formulary management decisions and evaluation of non-formulary/prior approval consults. The preceptor will coach the resident in the non-formulary process and model appropriate response style. The resident will become more independent with the non-formulary process over the 6-week experience.

Block 2: The resident will create therapeutic interchanges and other PE proposals through their independent thinking and problem-solving. In presentations, the resident will become more confident and able to provide justifications for proposals, including fielding questions from Formulary Committee members. Justifications will be backed by sound interpretation of the literature used to develop the proposal(s). The resident will become more independent in being a member of the Formulary Committee and in presenting information to stakeholders at the facility with less assistance required from the preceptor throughout the progression of the second block.

Block 3: The resident will assume the role of a facility level applied pharmacoeconomic specialist to develop drug criteria for use independently and help the organization's decision makers addressing complex drug utilization issues. The resident will apply concepts from both prospective and/or retrospective outcomes analyses to various functions of the PE workgroup and Formulary Committee. The resident will also participate in academic detailing activities that support the acceptance of PE proposals or drug use criteria.

If a resident is not progressing as expected during a block on specific objectives, those deficiencies will be identified during the rotation's ongoing formative evaluations and/or customized plans and activities re-assigned during the existing block and/or the next rotation block. Specific activities will be assigned to address deficient objectives to be completed either by the end of the current rotation block or within the first 2 months of the next block, in order to demonstrate progression. The resident will be formally re-evaluated on those objectives upon completion of the current block or at the end of the first 2 months of the next block (using PharmAcademic summative evaluation or on-the-fly evaluation) to ensure ongoing monitoring of progression and mastery of skills. The resident will continue to be required to meet the objectives already assigned to the block, even when objectives from prior block(s) have been re-assigned, in order to ensure adequate progression through the year.

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- VISN 21 PBM Formulary Committee
- VISN 19 PBM Formulary Committee
- VISN MUM Team
- Clinical Pharmacy Practice Council
- NTL VISN Formulary Leader Meeting
- Reno P&T Meetings
- Task Force Meetings
- VISN 21 Procurement Team)

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- Drug Use Criteria Development
- Pharmacoeconomic VISN Analysis
- Website/SharePoint Maintenance
- Monthly MUM Team minutes
- Monthly PBM Workgroup minutes
- Develop an agenda for PBM Committee Meeting (July-Dec Resident A; Jan-June Resident B)
- Respond to email discussions and questions
- Provide evidence to support P&T decisions
- Participation in Pharmaceutical Representative presentations
- Quarterly metric analysis and performance grid update
- Understand contract design and pricing structures
- Provide Committee and Task Force Meetings with data support
- Conduct assigned prescription audits.
- Conduct a contract cost analysis comparing two or more drugs
- Perform data validation as required for special reports and projects.
- Knowledge demonstration of data capture and retrieval from PBM Data Warehouse
- Performance Measure and Monitors Grid Update
- 4-5 P'Econ Analyses in support of MUM team projects
- Participate in Pharmacy Education Programs
- Data support for 4-5 outcomes projects
- Participate in Performance Metric Design and Implementation
- As needed, DUEs, P&T presentations (local and VISN), tablet optimization/contract initiatives, consult development, education to appropriate staff, etc.

Assigned Readings/Discussion topics:

1. National Monographs on new FDA drug approvals
2. National and VISN Drug Criteria for Use
3. VA Health Economics Resource Center
    - Data

- Courses and Seminars
  - Health Economics Cyber-Seminars Series
  - Cost-Effectiveness Analysis (CEA) Course
  - Econometrics Course
  - Economics Cyber Seminars in the QUERI Program
- Methods
  - Cost-Effectiveness Analysis
  - Methods for Cost Determination
  - Opportunity Costs
- Publications
  - Bibliography of VA Cost Studies

4. ASHP Statement on Pharmacist's Responsibility for Distribution and Control of Drug Products
5. ASHP Guidelines for Selecting Pharmaceutical Manufacturers and Suppliers
6. ASHP Guidelines on Managing Drug Product Shortages
7. ASHP Guidelines on Medication Cost -Management Strategies for Hospitals and Health Systems
8. ASHP Policy Position 0207: Product Reimbursement and Pharmacist Compensation
9. ASHP Technical Assistance Bulletin on Hospital Drug Distribution and Control
10. VHA Formulary Management Process VHA Directive 1108.08
11. Supply Chain Inventory VHA Directive 1761(1)
12. Pharmaceutical procurement and contracting lecture
13. All agenda items and background materials
14. Email and attachments
15. Literature searches to support program development
16. VISN Policy on PBM Workgroup
17. Others as selected by preceptor-resident agreement
18. Governing Health: The Politics of Health 3rd Edition by Weissert
19. Economic Literacy 2nd Edition by Weaver
20. Others as selected by preceptor-resident agreement

Elective: Academia

Updated 07/01/2020

Brief Learning Experience Descriptor:
Residents are required to contact preceptor by 10/1 if they are interested in completing this elective. The resident will

Preceptors:

Name	Title	Email	Phone
Joy Meier, PharmD, BCACP, PA	VISN 21 Chief Health Informatics Officer (Retired) IOR Samuel Merritt Physician Assistant Program	Joy.Meier@va.gov	925-372-2381

<u>Goals and Associated Objectives to be formally taught and evaluated during this experience</u>:

Competency Area E1: Academia	
Goal E1.1: Demonstrate understanding of key elements of the academic environment and faculty roles within it.	
Objective	**Related Activity/Instructional Objectives**
Objective E1.1.1: (Understanding) Demonstrates understanding of key elements of the academic environment and faculty roles within it.	• *Accurately describes variations in the expectations of different colleges/schools of pharmacy for teaching, practice, research, and service, including public versus private colleges/schools of pharmacy and relationships between scholarly activity and teaching, practice, research and service.* • *Accurately describes the academic environment, including how the decisions by university and college administration impact the faculty and how outside forces (e.g., change in the profession, funding source, accreditation requirements) impact administrator and faculty roles.* • *Accurately describes faculty roles and responsibilities.* • *Accurately describes the types and ranks of faculty appointments, including the various types of appointments (e.g., non-tenure, tenure-track, and tenured faculty), various ranks of faculty (e.g., instructor, assistant professor, associate professor, full professor), and the role and implications of part-time and adjunct faculty as schools continue to expand and faculty shortages occur, and promotion and tenure process for each type of appointment, including types of activities that are considered in the promotion process and for tenure.* • *Accurately explains the role and influence of faculty in the academic environment, including faculty in governance structure (e.g., the faculty senate, committee service) and faculty related to teaching, practice, research, and service roles (e.g., curriculum development and committee service).* • *Accurately identifies resources available to help develop academic skills, including the role of academic-related professional organizations (e.g., AACP) and other resources to help develop teaching skills and a teaching philosophy.* • *Accurately identifies and describes ways that faculty maintain balance in their roles.* • *Accurately describes typical affiliation agreements between a college of pharmacy and a practice site (e.g., health system, hospital, clinic, retail pharmacy).*

Goal E1.2:
Exercise case-based and other teaching skills essential to pharmacy faculty.

Objective	Related Activity/Instructional Objectives
Objective E1.2.1: (Applying) Develop and deliver cases for workshops and exercises for laboratory experiences.	• *Identifies the appropriate level of case-based teachings for small group instruction.* • *Identifies appropriate exercises for laboratory experiences.* • *Provides appropriate and timely feedback to improve performance.*
Objective E1.2.2: (Evaluating) Compare and contrast methods to prevent and respond to academic and profession dishonesty and adhere to copyright laws.	• *Accurately evaluates physical and attitudinal methods to prevent academic dishonesty.* • *Accurately describes methods of responding to incidents of academic dishonesty.* • *Accurately explains the role of academic honor committees in cases of academic dishonesty.* • *Identifies examples and methods to address unprofessional behavior in learners.* • *Accurately describes copyright regulations as related to reproducing materials for teaching purposes.* • *Accurately describes copyright regulations as related to linking and citing on-line materials.*

Goal E1.3:
Develops and practices a philosophy of teaching.

Objective	Related Activity/Instructional Objectives
Objective E1.3.1: (Creating) Develop or update a teaching philosophy statement.	• *Teaching philosophy includes:* o *Self-reflection on personal beliefs about teaching and learning;* o *Identification of attitudes, values, and beliefs about teaching and learning; and,* o *Illustrates personal beliefs on practice and how these beliefs and experiences are incorporated in a classroom or experiential setting with trainees.* o *If updating, reflect on how one's philosophy has changed.*
Objective E1.3.2: (Creating) Prepare a practice-based teaching activity.	• *Develops learning objectives using active verbs and measureable outcomes.* • *Plans teaching strategies appropriate for the learning objectives.* • *Uses materials that are appropriate for the target audience.* • *Organizes teaching materials logically.* • *Plans relevant assessment techniques.*

	• *When used, develops examination questions that are logical, well-written, and test the learners' knowledge rather than their test-taking abilities.* • *Participates in a systematic evaluation of assessment strategies (e.g., post-exam statistical analysis) when appropriate.* • *Ensures activities are consistent with learning objectives in course syllabus.*
Objective E1.3.3: (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.	• *Incorporates at least one active learning strategy in didactic experiences appropriate for the topic.* • *Uses effective skills in facilitating small and large groups.* • *For experiential activities:* o *Organizes student activities (e.g., student calendar).* o *Effectively facilitates topic discussions and learning activities within the allotted time.* o *Effectively develops and evaluates learner assignments (e.g., journal clubs, presentations, SOAP notes).* o *Effectively assesses student performance.* o *Provides constructive feedback.*
Objective E2.3.4: (Creating) Document one's teaching philosophy, skills, and experiences in a teaching portfolio.	• *Portfolio includes:* o *A statement describing one's teaching philosophy.* o *Curriculum vitae.* o *Teaching materials including slides and other handouts for each teaching experience.* o *Documented self-reflections on one's teaching experiences and skills, including strengths, areas for improvement, and plans for working on the areas for improvement.* o *Peer/faculty evaluations.* o *Student/learner evaluations.*

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

Schedule:

Extended Learning Experience

- Assignments made on a weekly basis by preceptor and by appointment
- This learning experience begins during the second half of the year

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- Any assigned as required for lectures

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

Assigned Readings/Discussion topics:

Elective: Advanced Skills with Technology or Automation Systems

Updated 07/01/2020

Brief Learning Experience Descriptor:
Resident is responsible for notifying primary preceptor by 12/1 if they would like to do this elective.
This rotation is designed to give the resident exposure to an advanced area of informatics and database management. This experience will cover the fundamentals of database architecture, database management systems, database systems, and cube design. Principles and methodologies of database design and techniques/best practices for database application development will be covered as well.

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Amy Robinson, PharmD	Associate Director of Architecture and Infrastructure Office of Mental Health and Suicide Prevention,	Amy.Robinson8@va.gov	650-336-4619
Jennifer Marin, Pharm.D, BCPS	VISN 21 Chief Health Analytics Officer	Jennifer.Marin@va.gov	713-614-6856
Steve Flynn, PharmD, BCPS	VISN 21 PBM Data and Program Manager	Steve.Flynn@va.gov	

Goals and Associated Objectives to be taught and evaluated during this experience:

Competency Area E2: Advanced Skills with Technology or Automation Systems	
Goal E2.1: Serve as an expert resource for the management of a specific technology or system.	
Objective	**Related Activity/Instructional Objectives**
Objective E2.1.1: (Understanding) Demonstrate understanding in the operation of the technology or system.	• *Demonstrates understanding of the user view of the technology or automation system.* • *Demonstrates understanding of the technical view of the technology or automation system.* • *Demonstrate the operation of the technology or system.*
Objective E2.1.2: (Applying) Formulate effective explanations, geared for a variety of interested audiences, of the functions of the technology or system.	• *Adjusts communications appropriately when interacting with a technical audience versus a non-technical audience.* • *Uses effective communication strategies with information technology vendors.*
Objective E3.1.3: (Creating) Contribute to a change or improvement utilizing the technology or system.	• *When presented with a non-standard problem, apply lateral (out-of-box) thinking to its solution.*

	• *Engages with or develops a plan to implement a change in the technology or system.* • *Participates in the change or implementation plan.*

Expected progression of resident responsibility on this learning experience: (Length of time preceptor spends in each of the phases will be customized based upon resident's abilities and timing of the learning experience during the residency training year)

Advanced elective occurring during April, May, and June

Schedule:
Extended Learning Experience

- Assignments made on a weekly basis by preceptor and by appointment

Designated Meetings/Responsibilities (please list for resident when they occur, what time, and when):

- Daily/weekly meetings with preceptor as assigned
- Daily/weekly demonstrations/lectures with preceptor as assigned
- Projects/assignments as assigned by preceptor

Checklist of assignments/projects/requirements that must be complete to successfully pass the learning experience (please list deadlines if there are any):

- To be determined by preceptor at the beginning of the learning experience and adjusted throughout

Assigned Readings/Discussion topics:

1. Database Theory Documents
2. SQL Server Analysis Services Documents
3. SQL Server Integration Services Documents

Evaluations

PGY-2 Population Health Management and Data Analytics Residency Evaluation Process

PharmAcademic is used fully by this program. **Before the program begins,** each resident completes an **initial self-evaluation** (**Appendix VII**). This allows the RPD and Residency Board to tailor the residency experience to the individual resident's desires, needs, and experiences. Each resident's **individualized residency** training program and evaluation process is entered into a security protected on-line computerized program. The residency director has entered all documents and determined time frames for scheduled rotations, appropriate preceptors and evaluation documents. Descriptions of each rotation experience are available which include: a brief descriptor, goals and associated objective to be formally taught and evaluated during this experience, learning activities to facilitate achievement of the goals and objectives, schedule, designated meetings/responsibilities, checklist of assignments/projects/requirements and assigned readings.

Residents are assigned to preceptors for training and guidance. Preceptors will meet with the resident on a regular basis and review the resident's accomplishments. **Midway through a rotation** the preceptor will determine if the resident is likely to meet all goals and objectives of the rotation. If the resident has not met the goals and objectives necessary to pass the rotation, the preceptor will discuss this with the resident so corrective actions can be taken. If the resident is not on track to meet these goals and objectives by the last quarter of the longitudinal rotation, the residency board will discuss and plan the course of action at that time. **During the rotation** formative evaluation will be given by the preceptor as projects are completed. **Formative evaluations** occur as daily feedback: verbal or written. Examples of written evaluation can be signing progress notes and addendums, journal club or presentation evaluations, corrected minutes and agendas etc.

Summative evaluations occur at the **end of each Learning Experience** if 6 weeks or shorter or quarterly for those that are longitudinal experiences. **At the conclusion of each rotation**, required evaluations will be completed in PharmAcademic. These include a summative self-evaluation, and preceptor evaluation. Preceptors will also perform a summative evaluation at the end of the rotation. The evaluations for rotations are performed online, on the PharmAcademic website (https://www.pharmacademic.com/). After the preceptor enters and signs a summative evaluation, an alert will be sent to the resident via Outlook e-mail. The resident will then need to sign off on the evaluation. Also, the resident will enter a summative self-evaluation and a preceptor evaluation. After completion, these will be sent back to the preceptor to sign. If the preceptor has questions or comments about the evaluations, they may send it back to the resident for review or edits, or they may sign it if it is complete.

Each resident is asked to give an honest appraisal of the preceptor and the rotation. Once the preceptor and the resident have completed evaluations they will be discussed. After discussion the preceptor and resident will sign the evaluation which will then be sent to the Residency Board and the Program Director. Evaluations will be reviewed and deficiencies and/or disciplinary actions that are needed will be addressed by the Residency Board. These are then signed by the Residency Director and filed.

In addition, **at the end of each quarter** the resident's entire program evaluation is done by the Residency Director with input from the Residency Board. A review and discussion between the resident and Residency Director is documented and an individualized plan is developed to accommodate changes in the resident's learning experience based on their or the preceptors requests. Once goals for the program are achieved they need not be evaluated again. If satisfactory progress is made the goals continue to be evaluated.

Quarterly evaluations are done by the Residency Board and are presented to the resident. The evaluation involves identifying any objective evaluated that has been rated as "Needs Improvement". Specific suggestions for improvement are made. In addition, strengths and areas of improvement are identified and the **residency experience is tailored to the resident's needs**. The resident is also asked to complete a **quarterly self-assessment (Appendix VIII)** similar in nature to the initial assessment to assist in this individualization. A quarterly self-evaluation is an important component of the residency program. These will be completed in October, January, April, and June. The evaluation should be introspective of where the resident feels he/she is progressing. The self-evaluation should be related to the initial plan that was submitted in June. These evaluations will be reviewed by the Residency Board members. Changes in experiences may be recommended by the Advisory Board to help residents attain the goals. In addition, the residents will self-evaluate the same goals and objectives that the preceptor is evaluating at the end of the Learning Experience. The preceptors will also self-evaluate their teaching skills.

At the end of the residency year, residents will be asked to complete a final self-evaluation as well as an evaluation of the program and overall residency experience. This will take place through the completion of two forms – a final quarterly self-evaluation and an outgoing resident survey (**Appendix IX**). The resident will also receive a final evaluation by the Residency Board that will be presented to the resident in a format similar to the above quarterly evaluations.

Meaning of Objective Ratings

Achieved
You have fully accomplished the educational goal for this particular learning experience. No further instruction or evaluation is required.

Achieved for Residency
This is reserved for the Residency Board to decide and is generally left until the end of residency as it makes the Goal/Objective optional for future evaluation in other learning experiences. As the Residency Board intends many of these to be evaluated multiple times in residency, they will make the decision on marking achieved for residency.

Satisfactory Progress
This applies to an educational goal whose achievement requires skill development in more than one learning experience. The learning experience being evaluated is not the last one in which this goal will be taught. In this current experience you have
progressed at the required rate to attain full achievement by the end of the program.

Needs Improvement

Your level of skill on the educational goal does not meet the preceptor's standards of either "Achieved" or Satisfactory Progress," whichever applies.

On demand evaluations can be created if a resident needs additional work in a specific objective (formerly known as "snapshots").

Objectives Rated as “Needs Improvement” and Remediation

Needs Improvement on On Demand or Formative Evaluation

Preceptors are encouraged to provide verbal feedback during the rotation in addition to written feedback in PharmAcademic. If the preceptor has provided initial verbal feedback and the resident is not meeting “satisfactory progress” for a specific goal or objective, the preceptor should document an On Demand evaluation as soon as possible and discuss with the resident. Especially for longitudinal rotations in which evaluations are scheduled quarterly, waiting until the scheduled formative evaluation will result in a delay and frustration for both the resident and preceptor. On Demand or formative (mid-point) evaluations that include a “needs improvement” must include a documented action plan in PharmAcademic that will target “satisfactory progress” by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.

Needs Improvement on Less than Two Summative Evaluations

If a preceptor determines that a resident still needs improvement for selected goals and objectives by the end of the rotation, the preceptor will meet with the RPD PRIOR to the end of the rotation and PRIOR to meeting with the resident. The preceptor and RPD will determine how the objective will be addressed on future rotations and will decide if a warm-hand off is needed between the current and upcoming preceptor. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. The current preceptor will meet with the resident to provide the summative evaluation.

Needs Improvement for Same Objective on More than Two Summative Evaluations

If a resident receives “needs improvement” for the same objective on more than one summative evaluation, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal-setting, additional assignments, timelines, and frequent follow up meetings. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation.

Needs Improvement on Any Required Objectives at Quarterly Meetings

If at each quarterly meeting, a resident has received multiple "needs improvement" for required program objectives on summative evaluations, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal-setting, additional assignments, timelines, and frequent follow up meetings. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation. If the resident still receives "needs improvement" for required program objectives on summative evaluations after completion of a formal remediation process, or if the resident is unable to complete the remediation process, the RPD may recommend termination from the program.

PharmAcademic Evaluation Forms:

See also https://www.pharmacademic.com/ for further PharmAcademic information and guidance

Rating	Definition
Needs Improvement (NI)	Resident is not performing at an expected level at that particular time; significant improvement is needed • Deficient in knowledge/skills in the area • Often requires assistance to complete the objective • Unable to ask appropriate questions to supplement learning **Will result in action plan if given on a summative evaluation
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective • Adequate knowledge/skills in the area • Sometimes requires assistance to complete the objective • Able to ask appropriate questions to supplement learning • Requires skill development over more than one rotation
Achieved (ACH)	Resident can perform associated activities independently for the specific learning experience • Fully accomplished the ability to perform the objective • Rarely requires assistance to complete the objective, minimal supervision required • No further developmental work needed
Achieved for Residency (ACHR)	Determined by the RPD/Residency Board – Resident can perform associated activities independently across the scope of pharmacy practice.

APPENDICES

I. Early Commitment Process

II. Application and Evaluation Procedure

III. Continuous Quality Improvement (CQI)

IV. Extended Leave of Absence Policy

V. Outcomes, Goals, & Objectives

VI. Journal Club/Literature Evaluation

VII. Initial Self-Evaluation

VIII. Quarterly Self-Evaluation

IX. Outgoing Resident Survey

X. Functional Statement

XI. National Formulary FAQ

XII. Important Web Sites Used By Past Residents

XIII. OAA Mandatory Training Orientation

XIV. Scope of Practice

XV. Certificate Requirements Contract

XVI. Information for Transferring NT Login

APPENDIX I: Early Commitment Process

VA Sierra Pacific Network (VISN 21)
August 2022

1. PURPOSE: To establish procedures for early commitment to the postgraduate year 2 (PGY2) residency program in Population Health Management and Data Analytics in advance of the matching process.

The program does not currently offer the option for early commitment and prefers all interested candidates go through the regular application and Match cycle. However, this program does reserve the right to re-evaluate and decide to offer early commitment within the VISN 21 network on a year-by-year basis. When/if the option for early commitment is offered, the PGY2 in Population Health Management and Data Analytics will abide by the following:

2. PROCEDURE:

A. VA PGY1 residency programs within the VA Sierra Pacific Network (VISN 21) may promote current VA postgraduate year 1 (PGY1) residents into a PGY2 residency in Population Health Management and Data Analytics when general qualifications and selection criteria are met. The program and resident will follow the most up to date requirements and procedures outlined at this link ASHP Match | Early Commitment Process (natmatch.com)

B. The PGY1 resident will submit of a letter of interest and participate in an interview with the PGY2 residency program director and residency board.

C. The letter of interest must meet the following criteria:
   1. Describe what the PGY1 resident would like to accomplish through the PGY2 residency including future professional goals
   2. Describe why the PGY1 resident specifically would like to train with VISN 21
   3. Be delivered to the PGY2 residency program director and Director of the PGY1 residency by the last Friday in November at the latest (though preferred earlier).

D. If there are more than one PGY1 residents applying for one PGY2 position, the offering of the PGY2 position will be based on performance in the PGY1 position, formative evaluations, summative evaluations, and interview evaluations by the Resident Advisory Board (RAB) members.

E. Letters offering positions to selected applicants must be delivered in hardcopy format no later than the date of Early Commitment.

F. The signed offer letter must be returned to the PGY2 program director and copies given to the PGY1 program director.

APPENDIX II: Application and Evaluation Procedure

PGY2 Residency Program

VA Sierra Pacific Network (VISN 21)

Updated August 2022

1. **PURPOSE**: The Veterans Affairs Sierra Nevada Healthcare System (VASNHCS) Pharmacy Service and VA Sierra Pacific Network are committed to providing a high-quality experience for PGY2 Pharmacy Residents. In order for the Service, providers, patients, and staff to benefit from the residency programs, it is important to identify qualified pharmacists committed to attaining professional competence beyond entry-level practice. The following outlines the procedure involved with evaluating applications, inviting applicants for interviews, post-interview assessment and ranking for match, as well as post-match procedures for unmatched positions.
2. **POLICY**: The Residency Program Directors, Residency Board, and Pharmacy Staff will adhere to this policy when receiving, assessing, and ranking resident applications to ensure there is a criteria-based processes to evaluate and rank program applicants.
3. **DEFINITIONS**:
   a. *PGY1 Resident*: Post graduate year 1 resident
   b. *PGY2 Resident*: Post graduate year 2 resident
   c. *Residency Program Director (RPD)*: Person responsible for directing residency learning and to ensure ASHP accreditation standards are met
   d. *Residency Committee*: Committee made up of the RPD and PGY2 Preceptors representative of clinical pharmacy areas and rotations
   e. *ASHP*: American Society of Heath System Pharmacists
4. **RESPONSIBILITY**:
   a. Application Process:
      (1) We will participate in the suggested WebAdMIT portal of the pharmacy online residency centralized application service (PhORCAS) for receiving applications and enforcing deadlines. All ASHP regulations regarding resident application will be followed.
      (2) *Application Development*: Application materials are developed by the Residency Program Directors (RPDs) and may be reviewed and approved by the Residency Board. These materials include: Eligibility Requirements, Recruitment brochure/flyer, and Application review materials.
      (3) *Applicant Deadline*: The deadline is determined annually by the RPDs (generally early to mid-January).
      (4) *Handling of Application Materials*: Candidates wishing to apply to the program are required to submit the following:
         (a) A "letter of intent" stating why they are pursuing a residency position in our program. This should be a maximum of 1 typed page.
         (b) A current curriculum vitae.
         (c) A current official University/College Pharmacy School transcript.
         (d) Three letters of recommendation. These should be from individuals capable of commenting on the applicant's professional capabilities, including academic ability, communication skills, behavioral attributes (leadership, initiative, dependability, ability to handle multiple tasks, etc.), clinical problem solving skills, an assessment of potential capability to perform research, and any other attributes which will assist us in assessing their ability to flourish and succeed in our program. All comments and information will be held in strictest confidence.
         (e) All application materials are maintained in WebAdMIT or the recommended online application program. Application materials received after the deadline will NOT be accepted.
         (f) **After** selection is made, the candidates will be required to submit the US Government form VA Form 10-2850D "Application for Health Professions Trainees" **AND** form OF-306 "Declaration for Federal Employment". These forms are available at http://www.opm.gov/forms

      (5) *Evaluating Applications*:
         (a) Application Review Sheet: The RPDs and Residency Board will track incoming documents with the Application Review Sheet (Attachment A). Completed applications will be ranked using Attachment A and the related rubric and a determination will be made whether or not to offer an interview. A "completed" application is defined as containing all required materials.

(b) Minimum requirements for an interview: Only complete applications will be considered for an interview. Prior to the time of the interview, the WebAdmit application and other materials may be printed or stored electronically in the applicant's folder. Applicant folders will be kept in a secure location within the Pharmacy Service.

5. **PROCEDURES**:

a. *Interview Process*

(1) Invitation for Interviews: The RPD and available Residency Board members will complete the scoring section of the Application Review Sheet (Attachment A) for all completed applications. Applications will be ranked in order of Application Review Sheet score (average score if more than one Application Review Sheet is available for an applicant). Invitation letters for interviews will be sent in order of highest to lowest score. Once all interview appointments are filled or if the Board determines that a candidate has scored too low for being offered an interview, they will be alerted to this effect by an email or letter (Attachment B) prior to the interview notification date.

(2) Structure of Interview: The PGY2 Residency Program interview includes a meeting with the RPD, current PGY2 residents, and an interview panel consisting of Preceptors/Clinical Pharmacy Specialists/Current PGY2 Residents, as appropriate.

(3) Program Review: The RPD meets with the scheduled applicants to discuss the setting, Pharmacy Service, Residency Program, benefits offered to residents and background/ qualifications of the RPD. This is also the component of the interview process that allows the applicant the opportunity to have their questions about the residency program answered by the RPD.

(4) Panel Interview: The residency program utilizes a panel interview format to optimize the number of preceptors exposed to applicants and allow for the broadest input into the selection process of the residency.

(5) Interviewers: The interview panel is made up of pharmacist preceptors appropriate to the areas of service that pharmacy benefits management team provides and the rotations offered by the program, along with the RPD and the current PGY2 pharmacy residents.

(6) Development of Interview Questions: The Residency Committee utilizes the VA's Performance-Based Interviewing technique. After determining key knowledge, skills, abilities, attitudes and experiences, reviewing recent resident exit interviews, and reflecting on recent and current resident classes, the Residency Board develops a set of interview questions that asks applicants about specific examples in their past work or life experiences that relate to the key knowledge, skills, abilities, attitudes and experiences needed for success in the residency. Some examples of past questions may be found on Attachment C.

(7) Evaluation of Interview Answers: Immediately after the applicant interview, interview panel members individually complete the Pharmacy Residency Program Interview Evaluation Form (Attachment D). Completed forms are saved by the interviewers into a secure electronic folder and the RPD collates all the data into a spreadsheet for candidate comparison and files the forms in the applicant's application folder

(8) Reference Check: If there are wide differences in opinion between Committee members regarding an applicants' rank or if Committee members request more information regarding applicants, a reference check will be used to gain more insight into an applicant's previous performance. Applicant's references or past preceptors as identified by the applicant's curriculum vitae may be contacted by telephone by either a committee member or the RPD, and interviewed using the Reference Check form (Attachment E).

(9) Ranking Process: The PGY2 Residency Program complies with all ASHP Resident Matching Program rules and policies, as set forth by ASHP and National Matching Services, Inc. (NMS).

(10) Final Ranking Meeting: All data is collected, charted, and graphed for comparison reasons. Individual assessment scores, section scores, and total interview scores are listed in applicant tables with interviewer comments are noted at the bottom. Additionally, total interview scores are graphed against other applicants for comparison reasons. This information is utilized by the interview panel members to make a final rank list.

(11) Submission of Rank List: The PGY2 Residency Program Rank Order List is submitted to NMS by the RPD via prescribed methods, before the deadline set by NMS.

b. *Post-Rank Process*

(1) Matched Positions:

(a) Once match results are available, the RPD will notify the VISN 21 Leaders, Residency Board, and local Chief of Pharmacy of the results, and contact matched residents by telephone or email. The RPD will also send a group email to all matched residents introducing them to each other.

(2) Commitment Letter

(a) A Resident Appointment letter (Attachment F) is sent to each matched resident, postmarked no later than 30 days following receipt of the Match results. The matched resident is asked to acknowledge receipt of the Resident Appointment letter by sending back a signed copy of the letter to the RPD within two weeks of the date of the letter.

(3) In the event that phase I match does not fill all PGY-2 positions, we will follow ASHP guidance regarding the Phase II match. https://www.natmatch.com/ashprmp/aboutdates.html

c. Unmatched Positions from Phase I and Phase II match:

(1) Applicant Search and Recruitment

(a) In the event that both Phase I and Phase II match do not fill all PGY2 positions, the RPD will notify the Chief of Pharmacy and VISN 21 Leaders and follow ASHP guidance for the Post-Match Process.

(b) The process for resident ranking and selection will be like that outlined for match phase I and II.

(2) Interview Process

(a) The interview process will utilize the same materials and processes as outlined above. If no suitable applicant can be found the VA National Director of Pharmacy Residency Programs will be contacted for further direction.

(3) Ranking Process

(a) The Residency Committee will utilize the same materials and processes as outlined above to rank applicants. Once applicants are ranked by the Residency Committee and approved by the RPD, the applicant will be contacted by telephone. Ranked candidates will be given 48 hours to decide if they want to accept the position. If they decline the position or if the offer expires (e.g., no contact with the RPD in 48 hours), the next ranked candidate will be called. This will continue through all ranked candidates until a candidate verbally accepts the position, or all ranked candidates have been contacted and no candidate accepts the position.

(b) Applicants not ranked will be sent a letter (Attachment B) notifying them that they will not be offered the residency position.

(4) Appointment Letter

(a) A Resident Appointment letter (Attachment F) is sent to applicants that have verbally accepted the offer for a residency position. The resident is asked to acknowledge receipt of the Resident Appointment letter by sending back a signed copy of the letter to the RPD within two weeks of the date of the letter.

(5) Unfilled Positions

(a) The Chief of Pharmacy and VISN 21 Leaders will be notified by the RPD if any resident positions are not filled. VA Central Office (VACO) will be notified and the unfilled position will be returned to VACO for redistribution per VA policy.

6. **REFERENCES**: https://natmatch.com/ashprmp/documents/ashpmatchrules.pdf
7. **ATTACHMENTS**:

a. Attachment A – Application Review Sheet
b. Attachment B – PGY2 Regret Letter
c. Attachment C – Example Questions
d. Attachment D – Resident Applicant Assessment Form
e. Attachment E – Reference Check Form
f. Attachment F – Appointment and Offer Letter for PGY2

ATTACHMENT A
APPLICATION REVIEW SHEET

VISN 21 PGY2 Residency Pre-Interview Assessment	
Evaluator:	**TOTAL SCORE (out of 50):**
Candidate's Name: *Pharmacy School:* PGY1 Program:	

Letter of intent	CV	Transcript	Letter of rec 1	Letter of rec 2	Letter of rec 3	US citizen	Felony History	Veteran status	ASHP Match #

Letter of Intent (10 points)	**Score**
Letter of Intent – General Information (1-4 points, 4 points being the highest, select one) ☐1 point - Poorly written, disjointed, lack of flow, errors in spelling/grammar ☐2 points - Not well written, generic, some errors in spelling/grammar ☐3 points - Well written, flows well, polished, clear statement of intent but somewhat generic ☐4 points - Very well written, flows well, polished, clear with specific/unique description of candidate	
Description of why candidate is ideal at VISN21 (1-3 points, 3 points being the highest, select one) ☐1 point - No description of why candidate is a good fit for our program ☐2 points - Some description of why candidate is a good fit for our program ☐3 points - Clear description of why candidate is a good fit for our program	
Description of why VISN21 is a good match for candidate (1-3 points, 3 points being the highest, select one) ☐1 point - No description of why our program is a good match for candidate ☐2 points - Some description of why our program is a good match for candidate ☐3 points - Clear description of why our program is a good match for candidate	

Curriculum Vitae (20 points)	**Score**
CV – Presentation/Spelling/Look (1-3 points, 3 points being the highest, select one) ☐1 point - Only resume information, spelling errors, missing information ☐2 points - Few errors, helpful, but missing some information ☐3 points - Concise, easy to read, complete, no spelling errors	
Professional Experience/Volunteerism/Rotations: (0-3 possible points, select all that apply – if exemplary example in one area (such as over 100 hours of community service), may give 1 extra point, but not to exceed 3 total) ☐1 point - Multiple rotations involving direct patient care ☐1 point - Community, hospital, or VA work experience ☐1 point – Community service	
Teaching Experience (0-3 points, 3 points being the highest, select one if applicable) ☐ 1 point - Limited teaching experience (mentor, limited exposure to teaching) ☐ 2 points - Modest teaching experience (presentations before a multidisciplinary audience, numerous presentations before a pharmacy audience) ☐ 3 points - Extensive teaching experience (academia elective, multiple examples of teaching, teaching experience in front of a large audience, presentation at a local or national meeting or CE presentation)	

Leadership/Scholarship/Awards and Honors (0-3 points, 3 points being the highest, select one if applicable) ☐ 1 point - Some examples of honors (such as Dean's list) or member of at least one professional organization but no leadership examples ☐ 2 points - Local scholarship or award recipient and/or active involvement in a professional organization (ex. historian, secretary) ☐ 3 points - Multiple examples of awards and/or honors or recipient of a regional or national award, and/or strong leadership (president) in a professional organization Minimal leadership and awards compared to others- did have managed care experience	
Publications/Research (0-3 points, 3 points being the highest, select one if applicable) ☐ 1 point - Participation in an MUE or data collection and/or poster presentation at a local conference ☐ 2 points –Involved in a research project (but not leading) and/or poster presentation at a national conference ☐ 3 points - Active leading role in a research project, and/or published, peer reviewed chapter or journal article	
Previous/Relative Experience (0-5 possible points, select all that apply, not to exceed 5 total) ☐ 2 points – Master's degree such as MBA, MPH, or degree in informatics ☐ 3 points – Candidate completed a PGY1 or student rotation with VISN 21 PBM, can also consider giving points if completed a PGY1 rotation with other VA PGY2 population health management and data analytics programs.	
Academics (5 points)	**Score**
GPA (0-5 points, 5 points being the highest) ☐ 0 points - (under 2.0 GPA OR any rotation failure) ☐ 2 points - (2.0-2.50 GPA) ☐ 3 points - (2.51-3.0 GPA) ☐ 4 points – (3.01-3.5 GPA) ☐ 5 points – (3.51-4.0 GPA) Pass Fail ranking: bottom 0 points, 1-20% 1 point, 21-40% 2 points, 41-60% 3 points, 61-80% 4 points, 81%-top 5 points	
Letters of Recommendation (5 points each, total of 15 points)	**Score**
Letters of Recommendation (1-5 points, 5 points being the highest per letter, 15 possible points) ☐ 1 point - Negative work ethic and abilities described ☐ 2 points - Somewhat informative, positive comments with some reservations noted ☐ 3 points - Neutral regarding candidate's abilities in the workplace, especially in a residency setting ☐ 4 points - Some description of the candidate's ability to work independently, as a team member, to complete assignments on time, to represent the profession of pharmacy well ☐ 5 points - References consistently and resoundingly describe candidate's abilities to work independently, as a team member, to complete assignments on time, to represent the profession of pharmacy well. Describes this candidate as a unique individual worthy of a residency offer	

Letter 1:	*Letter 2:*	*Letter 3:*	

			TOTAL SCORE:
___MUST Interview	___Should Interview	___Consider Interview	___Do not interview	**_____/50**

Comments:

ATTACHMENT B
PGY2 REGRET LETTER

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Sierra Pacific Network
VISN 21 Pharmacy Benefits Management Group
1000 Locust Street
Reno, NV 89502-2597

January 28, 2013 In Reply Refer to: 10N21R

Resident Address

Dear Dr.:

Thank you for your interest in the VA Sierra Pacific Network PGY 2 Pharmacy Residency program. We were very fortunate to receive an unexpected number of applications this year and therefore are unable to grant interviews to all applicants. Pre-screening of your application packet did not meet our entrance criteria for offering interviews this year, and we will be unable to offer you an interview.

Again, thank you for your interest in our program and best of luck in obtaining the residency best suited for your professional interests and goals.

Best Regards,

Jannet M. Carmichael, Pharm.D., BCPS, FCCP, FAPhA
VISN 21 Pharmacy Executive and
PGY2 Residency Director
VA Sierra Pacific Network

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ATTACHMENT C
INTERVIEW QUESTIONS

VA SIERRA PACIFIC NETWORK

Not included in this policy and vary from year-to-year. Typically consist of clinical questions, critical thinking questions, and questions that pertain to pharmacoeconomics, data and formulary management/managed care.

ATTACHMENT D
RESIDENT APPLICANT ASSESSMENT FORM

Applicant Name:_____ Date: _____.

Interviewer: _____

1	2	3	4	5 (full points)
Poor		**Average**		**Excellent**
A few good points but main issues missing. No examples/ irrelevant examples given	Some points covered, not all relevant. Vague example provided, little detail.	Points relevant & clearly covered but could provide additional info. Examples given display what is expected of most residents.	Good answer. Relevant information. All or most points covered. Good examples.	Perfect answer. All points addressed. All points relevant. Good examples. Displaying thorough past experience.

INTERVIEW **Score in margin on scale from 1 to 5:**

1. Does our program match their interests? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. Clinical ability/experience ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. Team building skills ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. PGY1 Project Presentation
   a. Scope of project/Content ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
   b. Enthusiasm ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
   c. Assertiveness/confidence ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
   d. Verbal and written communication ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
   e. Ability to think "on one's feet" to answer questions. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. Clinical Assessment
   a. Ability to field clinical question ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
   b. Strong database understanding ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Total Score: _____/50

ATTACHMENT E
REFERENCE CHECK FORM

Reference:_____ Phone:_____ Date:_____

In what capacity did you know the applicant?

Overall database & clinical skills?

Ability to interact with the medical team?

Independence?

Greatest strength?

Greatest weakness?

Would you hire them?

ATTACHMENT F
APPOINTMENT AND OFFER LETTERS FOR PGY1 AND PGY2

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Sierra Pacific Network
VISN 21 Pharmacy Benefits Management Group
975 Kirman Avenue
Reno, NV 89502-2597

Date 3/16/2022 In Reply Refer to: 10N21R/

Dear Dr. Resident's name:

As the residency program director of the VA Sierra Pacific Network PGY2 Pharmacy Residency in Population Health Management and Data Analytics, it is my pleasure to offer you a PGY2 residency position for the academic year 2022-2023. In keeping with the ASHP Residency Matching Program requirements, I am sending you this letter of confirmation. ASHP requires that you read, sign and return this letter to me within 2 weeks of receipt. There is a place for signature below.

The residency will begin July 1, 2022, and end June 30, 2023, unless other arrangements are made with me, at a salary of $45,221 and benefits. As discussed during the interview process, this year we are offering the opportunity for you to work virtually in lieu of relocating to Reno, NV. If you choose to work virtually during your PGY2 appointment, your signature below indicates that you understand that you will still be paid a stipend based on locality out of Reno, NV and that coordination for necessary equipment (i.e., laptop and IT support) may occur at the VA nearest your physical location. Complete details will be discussed with you 1 on 1 based on your individual decision to relocate or remain virtual.

The Human Resources Management Service will be contacting you with more information, processes to complete and forms required prior to employment in the upcoming months. Should you have any immediate questions please contact me via my work cell at 775-505-9024.

Requirements for pre-employment, Human Resource benefits, and requirements for successful completion of the program are listed below. Additional policies on the residency structure, leave, dismissal, duty hours etc. should be reviewed and can be found at the link below in the program Residency Manual. https://www.va.gov/files/2021-08/PGY2Manual2020.pdf
Resident Initials acknowledging receipt of residency manual via link above _____

Your signature below (and initials on each page) confirms that you agree with the results of the National Matching Service and accept a PGY2 residency position at the VA Sierra Pacific Network during the 2022-2023 Residency Year.

I have read and understand the Residency Terms and Conditions of Appointment and acknowledge acceptance.

_____ _____
Resident Signature Date

We look forward to receipt of your response as soon as possible and look forward to you joining our team.

Warm professional regards,

Janice M. Taylor, PharmD, BCPS
VISN 21 PBM Deputy VISN Pharmacy Executive – Clinical
PGY2 Residency Program Director
Email: Janice.Taylor5@va.gov Work Cell: (775) 505-9024

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DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Sierra Pacific Network
VISN 21 Pharmacy Benefits Management Group
975 Kirman Avenue
Reno, NV 89502-2597

Description: The Sierra Pacific Network (VISN 21) Pharmacy Residency is a full-time, temporary appointment of 1 year in duration. Appointment is within the Federal government and residents are therefore subject to all regulations and requirements of the Federal system. In order to complete the on-boarding process and be appointed as a resident at our facility, you must complete the following items prior to July 1st:

- Proof of COVID Vaccination
- **10-2850D** Application for Health Profession Trainees
- PIV Application Form
- Fingerprint Form and complete finger printing process for VA Reno
- Successful completion of a background check by Human Resources
- *VA Privacy and Information Security Awareness and Rules of Behavior* is required for VA computer access. This training is available through the VA Talent Management System (TMS).
- Physical exam at a VAMC
- Random urine drug testing

Benefits:

a. Stipend: $45,221
b. Annual Leave (AL): 4 hours per pay period (13 days per year)
c. Sick Leave (SL): 4 hours per pay period (13 days per year)
d. Federal Holidays: 10 paid Federal Holidays
e. Leave Without Pay (LWOP) and Family Medical Leave Act (FMLA): Residents are entitled to pre-approved, unpaid leave for FMLA per national policy, however extended periods of leave that would require an extension of the residency program are subject to approval through VA Central Office
f. Administrative/Travel leave: Authorized absence may be approved for VA authorized travel to professional meetings.
g. Health/Life Insurance: Pharmacy residents are eligible to participate in the Federal Employees Health Benefit (FEHB) and the Federal Employees Group Life Insurance (FEGLI) Programs. You are responsible for paying a portion of the insurance. http://www.opm.gov/.
h. Liability Insurance: You are covered by the "Public Officers Law" and will not need any practice liability insurance during your residency. While performing within your scope of practice and in conformance with VA rules and regulations, the VA will cover all liability issues. Your only risk would be if you exceed your scope of practice or violate VA policies.
i. Employee Assistance Program: Getting appropriate support early can prevent difficult situations which may severely interfere with a resident completing the requirements of the program and getting a residency certificate. See: http://www.opm.gov/policy-data-oversight/worklife/employee-assistance-programs/

Resident Initials _____

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DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Sierra Pacific Network
VISN 21 Pharmacy Benefits Management Group
975 Kirman Avenue
Reno, NV 89502-2597

Requirements to Receive a PGY2 Residency Certificate in the Program:

- Receive "Achieved" status on all of the *Required* residency competency areas, goals, and objective (CAGOS) by the end of the residency
- Satisfactory completion of all rotations and required activities. If a rotation is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and program director
- Completion of 2080 hours of training
- Compliance with all institutional and departmental policies
- Completion of all assignments and projects as defined by the preceptors and RPD
- Completion of a residency project with a **draft manuscript submitted in the journal format of choice to the Residency Program Director** no later than two weeks prior to the end of residency
- Attend at least one professional state or regional meeting and one national meeting (must be pharmacy-related) as approved by the RPD
- Participate in recruiting activities for the residency
- Contribute to optimal patient care and achieve the mission and goals of VISN21, the VISN 21 PBM and the VASNHCS Pharmacy Service

Resident Initials _____

APPENDIX III: Continuous Quality Improvement (CQI)

Background: Our program is committed to continuous quality improvement and solicits feedback from residents and preceptors on a formal basis during quarterly evaluation discussions and encourages informal/spontaneous feedback at any time throughout the year. As a PBM service we also continually evaluate our activities and make real time changes and formally every year produce an annual report and strategic plan or blueprint for quality improvement and performance measures.

This assignment will be completed in the last month of the residency. In order to ensure that this residency program is addressing the needs of our residents, it is important to review the experiences of residents completing the program. You may want to share some aspects of the residency that you found particularly useful, and you may also wish to share aspects of the residency that may have been less rewarding. In this process, and particularly when identifying areas in need of improvement, it is important to identify potential changes that may make the particular process more fulfilling and educational.

From a practical point of view, it is likely that you will find yourself in the position of either creating a new PGY2 residency or directing an existing residency. ASHP does have guidelines to help you design your residency program, but there is also room for individualization. You are currently part of an existing PGY2 residency program. The following assignment will require that you approach the program as if you were walking into an existing program and looking for ways to make improvements. If you were given unlimited resources (staff, time) this would be an easy undertaking, however, that is seldom the case. For this assignment you will:

1. Review the current ASHP Regulations and Standards for Pharmacy Outcomes and Healthcare Analytics (Appendix V)
2. Review ASHP Regulations and Standards for related PGY2 Residency Programs (Advanced Areas of Practice, Informatics, Health System Administration, Medication Safety, and Managed Care Pharmacy Systems)
3. Review other applicable resources available to the current PGY2 Pharmacy Outcomes and Healthcare Analytics Residency Program
4. With consideration of available resources and related PGY2 residencies, identify areas of the residency or outcomes, goals, or objectives that can use improvement
5. Review orientation materials and based on your experiences, suggest ways that the contents be improved and what could be added to improve the orientation process
6. Prepare a written list or plan for improving the current PGY2 Pharmacy Outcomes and Healthcare Analytics Residency Program including, but not limited to:
    a. Orientation for new residents
    b. Changes in existing rotations
    c. Additional rotations
    d. Teaching responsibilities (students, PGY1 residents)
    e. Any other features that could use improvement

APPENDIX IV: Extended Leave of Absence

VETERANS INTEGRATED SERVICE NETWORK 21

PHARMACY SERVICE
RESIDENCY PROGRAMS

POLICIES AND PROCEDURES
FOR RESIDENT REQUESTED
EXTENDED LEAVE OF ABSENCE

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1.0 Background

A Postgraduate Year One (PGY1) or Postgraduate Year Two (PGY2) Pharmacy Resident is offered a unique opportunity to be trained in a well-organized health care system, but is only given a temporary appointment at the facility. This temporary appointment does not allow the resident full access to certain leave policies (e.g., Family and Medical Leave Act). Nonetheless, a resident may find him/herself in a situation that requires that they request an extended period of time off. In the event that the Residency Program Director (RPD), Chief of Pharmacy or facility Human Resources service cannot utilize established policies or procedures to adequately accommodate a resident's request for extended leave, this policy and procedure has been established to provide guidance.

The RPD, Chief of Pharmacy, or Human Resources service is in no way obligated to exercise this policy and procedure. This policy and procedure does not supersede, negate or otherwise nullify any standing national, regional (e.g., VISN 21) or local policy regarding leave.

2.0 Policy

In the event that a resident requests an extended period of time off and is granted leave without pay (LWOP) to accommodate this request, the resident will have their temporary appointment extended beyond one year, in the amount of time necessary to complete their training. This extended amount of time is typically the same amount of time as the LWOP granted to the resident.

3.0 Definitions

3.0.1 Extended Leave Request

A leave request will be considered an extended leave request when the time off requested is for longer than 3 working days and not exceeding 3 months without adequate leave to cover it. Requests shorter than 3 working days that cannot be covered by accrued annual leave (AL), sick leave (SL) (if appropriate), or at the discretion of the Chief of Pharmacy, leave without pay (LWOP) are not considered significant enough to extend a residency beyond the scheduled one-year appointment and will not be addressed in this policy & procedure. If an extended absence occurs (i.e. extended family or sick leave), extension of the residency program may be necessary. The maximum length of extension is not to exceed 3 months, and the program must be completed before September 30th. Opportunity to extend the program with pay will depend on the decision of the VA regarding extending the funding. It is recognized that a resident gains experience throughout the course of the year. If a resident is unable to return to the residency after 3 months, the resident is unable to build upon their experience gained prior to the leave. In this case, it is recommended that the resident voluntarily withdraw or resign from the residency.

4.0 Procedure

Trainees such as pharmacy residents who have legitimate reasons for extended leave can be placed on Leave Without Pay (LWOP) after using their accrued annual and sick leaves. It would be a rare occasion for a facility to grant advanced leave. Most facilities won't agree to put trainees in the Voluntary Leave Sharing Program but it has been approved for special circumstances. The resident who goes on LWOP may return to complete the program in a paid status for a time extension equal to the time of the LWOP. If additional time is needed beyond the extension to meet the training objectives that will not be met because of the extended absence on annual and sick leave, any additional time will be without pay. VA's Office of Academic Affiliations (OAA) will only pay for the equivalent of 12 months.

4.1 Resident requests leave

The resident must submit her/his leave request to the RPD in writing. If at all possible, the resident is encouraged to submit the request 2 months prior to requested time off. In the event of an emergent request, the resident should submit the request to the RPD as soon as possible. The written request should include:

- Dates requested off
- Reason for leave
- Amount of AL and SL accrued

4.2 RPD review of leave request
Upon receipt of resident's extended leave request, the RPD has (X number of hours? Days?) to review the request for completeness.

4.2.1 RPD meets with resident to discuss request
RPD discusses request with resident, presents alternative options (e.g., use of AL, or SL) to accommodate request. Depending on length of requested leave, RPD may need to advise resident that they will be responsible to pay their share of benefits (portion that is normally deducted from paycheck), or risk losing benefits. (Government will typically continue to pay its portion of benefits, though facility's Fiscal department will have to be advised and a plan will have to be in place to secure this funding prior to leave being approved.)

4.2.2 RPD discusses request with Chief of Pharmacy
Based on written request and discussion with resident, RPD meets with Chief of Pharmacy to review request and potential ways to accommodate request. If RPD and Chief of Pharmacy refuse to accommodate request, RPD will present this decision to the resident and document decision in writing. If RPD and Chief of Pharmacy wish to determine accommodation to request using a LWOP and extending the residency, the RPD will contact the following sections to advise of situation and develop plan.

4.2.3 RPD contacts facility HR, Fiscal

4.2.4 RPD contacts VA PBM and OAA
VA PBM Contact: Lori Golterman, Ken Kellick
OAA Contact: Linda D. Johnson, Ph.D., R.N., Director, Associated Health Education

4.3 Based on guidance, RPD develops accommodation to leave request

4.3.1 Approval of accommodation by Chief of Pharmacy

4.4 RPD reviews approved accommodation with resident

4.4.1 RPD documents resident review and acceptance of approved accommodation

4.4.2 Approved accommodation not accepted by resident

4.5 RPD notifies Chief of Pharmacy, facility HR and Fiscal, VA PBM and OAA of accepted, approved accommodation

4.5.1 Notification of OAA
If the extension goes into the next fiscal year (after September 30), the Office of Academic Affiliations (OAA) will send next fiscal year's funds to pay for the extension in the next year. When a resident goes on LWOP, the program director should discuss this situation with the facility fiscal people to

(1) Tell them that the person is on LWOP but will be returning so fiscal won't send all of the unused money back to OAA ;

(2) Tell them the anticipated date of return so they'll know how much, if any, of the money should be returned to OAA that won't be used in the fiscal year; and
(3) Let them know that OAA will be sending additional funds in the next fiscal year to pay for the period of extension that goes into the next fiscal year.

The facility residency program director should let the Office of Academic Affiliations, Director of Associated Health Education know of the situation and how much funding, if any, will be needed in the next fiscal year to pay for the extension.

4.6 Resident goes on extended leave

4.7 Resident returns from extended leave

APPENDIX V: Outcomes, Goals, & Objectives

Educational Outcomes, Goals, and Objectives for Postgraduate Year Two (PGY2) Population Health Management and Data Analytics

REQUIRED COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR TWO (PGY2) POPULATION HEALTH MANAGEMENT AND DATA ANALYTICS PHARMACY RESIDENCIES

Introduction

The PGY2 residency in Population Health Management and Data Analytics (PHMDA) builds upon PGY1 residency graduates' competence in the delivery of patient-centered care and support of optimal medication therapy outcomes. The residency trains pharmacists to integrate health information, evidence-based medicine, outcomes measurement, and data analytics to inform decisions surrounding pharmacy services and population health management. Graduates are adept in discovering and optimizing synergy between clinical knowledge, information technology, and pharmaceutical operations, equipping them to function in a multifaceted professional environment and lead change to improve patient outcomes.

Graduates of this program will become skilled in concepts of population health management, applied pharmacoeconomic principles, and data analytics, thereby enabling them to create, implement, and optimize population health care initiatives designed to improve health outcomes of patients covered by government, managed care, or public/private health care systems, agencies, companies, and organizations.

Definitions

Competency Areas: Categories of the residency graduates' capabilities.

Competency areas are classified into one of three categories:

Required: Five competency areas are required (all programs must include them and all their associated goals and objectives).

Additional (for program): Competency area(s) that residency programs may choose to use (in addition to the five required areas) to meet program-specific program needs.

Elective (for specific residents): Competency area(s) selected optionally for specific resident(s).

Educational Goals (Goal): Broad statement of abilities.

Educational Objectives: Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program.

Criteria: Examples that describe competent performance of educational objectives. Since the criteria are examples, they are not all required but are intended to be used to give feedback to residents on how well they are doing and how they can improve on the skill described in educational objectives while they engage in an activity.

Activities: The *ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs* requires that learning activities be specified for each educational objective in learning experience descriptions. Activities are what residents will do to learn and practice the skills described in objectives. Activities are the answer to the question, "What can residents do in the context of this learning experience that will provide the kind of experiences necessary to achieve the educational objective?" (Compare and contrast activities with criteria by referring to the definition of criteria immediately above.) Specified activities should match the Bloom's Taxonomy learning level stated in parentheses before each objective.

Example:
Objective R1.1.2: (Applying) Interact effectively with patients, family members, and caregivers.

Learning activity: Provide education to patients regarding proper medication use and administration, adherence, and possible adverse drug effects for all new medications initiated during clinic appointments.

Criteria:
- Interactions are respectful and collaborative.
- Uses effective communication skills.
- Shows empathy.
- Empowers patients to take responsibility for their health.
- Demonstrates cultural competence.

[1]Anderson, L. W. and Krathwohl, D. R., et al (Eds.) (2001) *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*. Allyn & Bacon. Boston, MA (Pearson Education Group).

Competency Area R1: Population-Based Health Care

Goal R1.1: Demonstrate understanding of basic population-based health principles, standards, and best practices.

Objective R1.1.1: (Understanding) Describe the concept of population health and the basic framework that relates healthcare policy and health factors to overall population health.
Criteria:

- Describes the concept of population versus individual patient health management.
- Understands the concepts of health disparities, health equity, social determinants of health (SDOH), and population health and their relationship to each other.
- Discusses the pharmacist's role in population health management.
- Reviews the organization's process for designing and/or participating in population health management programs.

Objective R1.1.2: (Understanding) Identify standards and standard-setting bodies governing the use of data, information and knowledge in population-based health and best practices.
Criteria:

- Identifies standards and key external governing bodies that influence implementation and ongoing management of information systems in population-based healthcare (e.g., CMS, NCQA, PQA, URAC, NCPDP).
- Identifies appropriate internal stakeholders that influence population health management (e.g., employer groups, clinical leadership, and medical practice groups).
- Reviews evidence-based, patient-centered practice guidelines that may be used in the development of a population health program or initiative.
- Explains how changes to laws and regulations (e.g., value-based purchasing, consumer driven healthcare, reimbursement models) relate to medication use, pharmacy practice, and patient outcomes impact the practice and services provided.

- States current legal and regulatory requirements relevant to organization's operations (e.g., prescription drug benefits).
- Explains the purpose of external quality metrics (e.g., CMS Five Stars, HEDIS, PQA, and URAC) and how they are developed, abstracted, reported, and used in the context of a value-based health care system.
- Identifies appropriate resources (e.g., pipeline information, clinical trials, practice guidelines) to keep updated on trends and changes within pharmacy and health care.

Goal R1.2: Collect and analyze patient population data for the health system or organization.

Objective R1.2.1: (Applying) Identify the targeted patient population(s) that meets the needs of the organization.
Criteria:
- Reviews pharmacy and/or health-system strategic plan and short/long-term goals to align target population with organizational priorities.
- Discusses recently completed or planned pharmacy projects to discover target populations of recent interest to the department.
- Meets with pharmacy/organizational leaders to identify target population(s) of interest to leadership.

Objective R1.2.2: (Applying) Identify targeted patient population(s) using analytical tools such as dashboards or reports to prioritize the delivery of pharmaceutical care.
Criteria:
- Effectively develops queries which identify appropriate patients needing clinical intervention.
- Displays patient lists and data in dashboards or reports which are easily utilized by the end user.
- Conducts quality checks of processes to ensure capture of correct patients and determines the validity and reliability of the tool.

Objective R1.2.3: (Analyzing) Assess patient data against evidence-based medical literature to make decisions at the individual patient and/or population-based level, to assess/resolve a medication-related problem and to make patient-centered, medication and/or non-medication, health improvement, wellness, and/or disease prevention recommendations.
Criteria:
- Accurately assesses a patient and/or population-based medication regimen to ensure it is concordant with best evidence-based medical literature available.
- Assesses gaps in medication and/or non-medication therapies.

- Accesses patient data to improve medication and/or non-medication based care at the individual patient and/or population-based level.

Objective R1.2.4: (Understanding) Demonstrate understanding of analytic tools utilized in the evaluation of patient care improvement projects.
Criteria:
- Identifies a variety of analytic tools utilized in healthcare informatics.
- Articulates the pros and cons of the analytic tools identified.

Objective R1.2.5: (Analyzing) Prioritize the development of analytic tools based on the potential for improvement of patient care.
Criteria:
- Identifies relevant factors when determining priority for patient care improvement initiatives.
- Demonstrates the change to the urgency of tool development or reordering of current priorities based on the complexity or severity of patient problems.
- Ensures time and effort is productively focused on organizational priorities.

Goal R1.3: Collaborate with departmental and/or interdisciplinary teams in the design, implementation, and/or enhancement of the organization's criteria for appropriate medication use management.

Objective R1.3.1: (Creating) Collaborate with a team to write, revise, or provide input to a health plan and/or health system on an existing guideline/protocol.
Criteria:
- Collaborates effectively with peers to create/revise a guideline/protocol.
- Assures guideline/protocol is able to be practically implemented by all affected parties.
- Uses appropriate evidence-based, peer reviewed, literature.
- Ensures that guideline/protocol adheres to all applicable rules and regulations of the organization.

Objective R1.3.2: (Creating) Create a measure/metric of population health outcome(s) collaborating with peers as appropriate.
Criteria:
- Effectively compiles suggestions from peers to create/revise a measure/metric(s).
- Constructs measurable measure/metric(s).
- Uses existing guideline-based external quality metric sources where appropriate.

Goal R1.4: Ensure that all patient-specific, medication-specific, and evidence-based pharmacotherapy information required to support effective medication-related decisions is readily available in a useful format to all end users.

Objective R1.4.1: (Creating) Develop an evidenced-based resource/tool.
Criteria:

- Creates/updates/maximizes a new resource/tool using appropriate evidence-based literature to optimize medication related decisions at the population, patient, and provider level.
- Identifies gaps between current literature and/or clinical guidelines and how information is presented in an existing population management tool.
- Identifies essential data to include in the tool that will maximize efficiency and capability of drawing conclusions about patient care.
- Outlines presentation of data within the tool that optimizes understanding and feasibility of implementation by the end user.
- Proposes updates to an existing tool or framework for a new tool to clinical leaders and other stakeholders for approval.

Competency Area R2: Clinical Data Management and Analytics

Goal R2.1: Demonstrate knowledge of data generation, flow and capture, storage, and use in business and clinical decision-making. (See Figure A. as a reference in the Appendix)

Objective R2.1.1: (Understanding) Explain available technology for medication prescribing, order processing and verification, preparation, distribution, dispensing, monitoring, safe and efficient administration and documentation of these activities.
Criteria:

- Describes the technology for prescribing, order processing, distribution/dispensing, monitoring, safe/efficient administration and documentation.
- Describes the interconnectivity of technology systems/processes.
- Explains current literature with regard to patient safety related to technology and automation systems for the medication ordering life cycle.
- Explains the benefits of and challenges to the positive identification of medication and the patient during medication administration and documentation.
- Explains the “seven rights” of medication administration and documentation.
- Describes the function and pros and cons of synchronous versus asynchronous decision support.
- Explains the components of a rule-based order alerts.
- Explains the impact of rule-based order alerts on clinical pharmacy practice.

Objective R2.1.2: (Understanding) Explain the concept of data warehousing, capture of documented healthcare data in a primary system and translation to a data warehouse, and its use in querying data for clinical and operational decision-making.
Criteria:

- Explains what a data warehouse is.
- Explains the data flow from primary systems into a data warehouse.
- Explains the roles of data aggregation and data integration in population health.
- Explains some of the challenges of data aggregation and data integration in population health.

Explains examples of use cases, using data from a data warehouse for population health decision-making.

Objective R2.1.3: (Creating) Construct a workflow process diagram(s) using knowledge of data flow, workflows, and identification of appropriate team members.
Criteria:

- Explains how data flow and workflow process diagrams integrate into clear identification of current processes and stakeholders.
- Develops a workflow process diagram(s) for a project.
- Plans for a project that includes appropriate reviews and approvals required by stakeholders.

Goal R2.2: Demonstrate and apply understanding of basic analytics principles, standards, and best practices.

Objective R2.2.1: (Understanding) Utilize best practice strategies to maximize code performance and data management.
Criteria:

- Explains the principles and uses of databases in the management of large volumes of data to facilitate decision making, including effective use of dashboards and reports.
- Explains the difference between transactional and analytic database design.
- Explains how to develop analysis tools that are sufficiently detailed to support desired user goals.
- Understands strategies for efficient programming (e.g., indexing, dimensional modeling, limiting data retrieval to only necessary information, data consistency, and best practices for data warehouse architecture).

Objective R2.2.2: (Applying) Collaborate with information technology staff and other professionals to assess analysis tool security and patient protections for conformance with accepted standards including access control, data security, data encryption, HIPAA privacy regulations, and ethical and legal issues.
Criteria:

- Demonstrates understanding of the organization's regulatory policies for maintaining security of patient information.
- Explains accepted criteria for system security.
- Demonstrates understanding of current HIPAA regulations and the application of those regulations to pharmacy technology and automation systems.
- Articulates ethical considerations related to management of protected health information.
- Identifies specific steps to guard patient data.
- Applies accepted criteria for system security during assessments.
- Understands various risks and security issues with regard to all potential vectors, for example, email, external software systems, electronic health records.
- Articulates the following data issues: De-identification, encryption, HIPAA, PHI, and understanding proper approvals.

Objective R2.2.3: (Creating) Demonstrate proficiency in the use of databases and data analysis software to successfully construct reports and dashboards.
Criteria:

- Applies strategies for efficient programming (e.g., indexing, dimensional modeling, limiting data retrieval to only necessary information, data consistency, and best practices for data warehouse architecture).
    - Follows/interprets data process flow chart and identify appropriate tables to extract data for clinical and operational tools in response to internal queries.
    - Demonstrates the ability to refactor queries to improve performance.
    - Evaluates the effectiveness, utilization, and quality of the tools requested by providers within the organization.
    - Performs statistical analyses for the purpose of evaluating the data.
    - Draws accurate conclusions regarding significance of information.

Goal R2.3: Establish oneself as an expert for data retrieval, evidence-based medication information, and outcomes-related resources within the organization.

Objective R2.3.1: (Applying) Implement a strategy for earning credibility within the organization as an authoritative expert on the creation of analytic tools, measurement of outcomes, and overall evidence-based medication-related care of patients.
Criteria:

- Explains the business reason behind a data request and the clinical impact of the results.
- Raises awareness within the organization of role and services offered, serving as a resource for reliable data and information for other providers.
- Fulfills requests for provider-requested data, reports, or outcomes in an accurate and efficient manner.
- Participates in committees and/or collaborates with team members on organizational activities.
- Provides consultation to limit or expand the scope of a request, enhances use across all care team members, and tailors to specific end user types to ensure highest value to the organization.
- Engages in continuing education activities related to role as applicable.

Objective R2.3.2: (Applying) Contribute clinical perspective and expertise regarding the development, implementation, utilization, and revision of outcomes measures and metrics, and analysis tools in interactions with information technology staff, clinicians and end users.
Criteria:

- Engages with information technology staff, clinicians and end users to ensure that the appropriate clinical perspective is incorporated into the data extraction, outcomes measures and metrics, and analysis tools.

- Effectively bridges knowledge gaps, utilizing clinical and technical knowledge in collecting and analyzing population health data, to efficiently address operational and clinical aims of the organization.
- Presents the resource/tool to the end user(s) and explains the benefits of the resource/tool.
- Prepares an effective communication for presentation to the end user(s).
- Assesses the benefits and risks associated with use of the resource/tool.
- Discusses the implementation and evaluation plans.
- Appropriately responds to questions regarding the resource/tool.
- Reports outcome of change accurately to appropriate stakeholders(s) and policy-making bodies according to departmental or organizational processes.
- Uses effective communication skills to accommodate the target audience.

Objective R2.3.3: (Analyzing) Analyze feedback from the end user(s) on usability and efficacy of the resource/tool and revise accordingly.
Criteria:
- Effectively prepares methods to collect feedback from end user(s).
- Analyzes data/feedback from end user(s) on the resource/tool.
- Uses end user data/feedback to revise resource/tool to meet the needs of the end user(s).

Goal R2.4: Evaluate opportunities for improving patient outcomes, clinical and operational efficiencies, safety and quality of the medication-use process through the application of Continuous Quality Improvement (CQI) strategies.

Objective R2.4.1: (Understanding) Demonstrate knowledge of the formal structure of a CQI initiative.
Criteria:
- Identifies the basic components of a CQI initiative (Plan-Do-Study-Act).
- Articulates the purpose of each step of the PDSA cycle.
- Reviews the Institute for Healthcare Improvement (IHI) Model.
- Describes the quality measures in healthcare and how they relate to population health as well as economic incentives and reimbursement.
- Describes the process of health technology assessment and healthcare decision making.

Objective R2.4.2: (Applying): Design and/or deliver processes and/or initiatives that support quality measures to improve population health outcomes of medication therapy.
Criteria:

- Participates in the organization's process for designing and aligning with population health management initiatives.
- Applies an understanding of evidence-based, patient-centered medication therapy to identify practice guidelines to be used in the development of population health management initiatives.
- Applies an understanding of evidence-based, patient-centered medication therapy to establish process and outcome measures used to implement and evaluate population health management initiatives.
- Uses appropriate outcome measurements to measure and evaluate the success of population health management programs and initiatives.

Objective R2.4.3: (Evaluating) Use data collection tools and/or methodologies to identify opportunities to improve medication-use processes.
Criteria:

- Demonstrates understanding of the process of direct observation of the human/technology interface for the purpose of analysis.
- Effectively uses interviewing skills for the purpose of understanding the human/technology interface.
- Recognizes and articulates limitations of identification techniques.
- Utilizes subjective direct observation, survey and interview techniques.
- Incorporates objective data collection techniques to confirm subjective root cause analysis.
- Determines the appropriate tool and/or methodologies for data collection, including, but not limited to: fish bone diagrams, Five Whys, Pareto, 80/20 rule, other reports, root cause analysis.
- Develops a basic financial model for developing and reviewing a program, including key quality and safety metrics.

Objective R2.4.4: (Applying) Participate in a CQI initiative and lead a component of a technology or automation system.
Criteria:

- Develops group leadership skills through team based engagement with population health concepts.
- Organizes an appropriate team to evaluate a technology or automation system and identify areas for improvement.

- Identifies a specific aim for the CQI initiative.
- Establishes outcome measures for the CQI initiative.
- Agrees on changes that will address the aim of the CQI initiative.
- Tests changes.
- Implements changes.
- Evaluates results.

Competency Area R3: Quality Improvement or Research Project

Goal R3.1: Demonstrate the ability to conduct a population health, data analytics, quality improvement, or research project using effective project management skills.

Objective R3.1.1: (Understanding) Explain the principles and methodology of study design (i.e., clinical, humanistic, and economic outcomes analysis).
Criteria:

- Explains the different types of clinical, humanistic or economic outcomes analysis, along with the pros and cons of each (prospective versus retrospective).
- Explains the purpose of a clinical, humanistic or economic outcomes analysis.
- Explains study designs appropriate for a clinical, humanistic and economic outcomes analysis.
- Explains the technique and application of modeling.
- Explains the types of data that must be collected in a clinical, humanistic and economic outcomes analysis.
- Explains possible reliable sources of data for a clinical, humanistic and economic outcomes analysis.
- Explains methods for analyzing data in a clinical, humanistic and economic outcomes analysis.
- Explains how results of an outcomes analysis can be applied to internal business decisions and modifications to a customer's formulary or benefit design.

Objective R3.1.2: (Analyzing) Identify and/or demonstrate understanding of specific project topic related to population health management, data analytics, or advancing the pharmacy profession.
Criteria:

- Appropriately identifies or understands problems and opportunities for improvement or research projects.
- Conducts a comprehensive literature search and draws appropriate conclusions.
- Determines an appropriate research question or topic for a practice-related project of significance to patient care that can realistically be addressed in the desired time frame.
- Uses best practices or evidence-based principles to identify opportunities for improvements.

- Accurately evaluates or assists in the evaluation of data generated by health information technology or automated systems to identify opportunities for improvement.

Objective R3.1.3: (Creating) Develop a plan or research protocol for a quality improvement or research project related to the care of a specified population of patients or for advancing the pharmacy profession in population health management.

Criteria:

- Develops specific aims, selects an appropriate study design, and develops study methods to answer the research question(s).
- Applies safety design practices (e.g., standardization, simplification, human factors training, lean principles, FOCUS-PDCA, other process improvement or research methodologies) appropriately and accurately.
- Develops a plan for improvement that includes appropriate reviews and approvals required by department or organization and addresses the concerns of all stakeholders.
- Applies evidence-based and/or basic pharmacoeconomic principles, if needed.
- Develops a feasible design for a prospective or retrospective clinical or outcomes analysis project that considers who or what will be affected by the project.
- Identifies and obtains necessary approvals, (e.g., IRB, quality review board, funding) and responds promptly to feedback or reviews for a practice-related project.
- Acts in accordance with the ethics of research on human subjects, if applicable.
- Implements the project as specified in its design.
- Designs plans that are practical to implement and are expected to remedy or minimize the identified challenge or deficiency.

Objective R3.1.4: (Evaluating) Collect and evaluate data for a quality improvement or research project related to the care of a specified population of patients or advancing the pharmacy profession in population health management.

Criteria:

- Collects the appropriate types of data as required by project design.
- Uses appropriate electronic data and information from internal information databases, external online databases, appropriate Internet resources, and other sources of decision support, as applicable.
- Uses appropriate methods for analyzing data in a prospective and retrospective clinical, humanistic, and/or economic outcomes analysis.
- Develops and follows an appropriate research or project timeline.
- Correctly identifies need for additional modifications or changes to the project.
- Applies results of a prospective or retrospective clinical, humanistic, and/or economic outcomes analysis to internal business decisions and modifications to a customer's formulary or benefit design as appropriate.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.

- Considers the impact of the limitations of the project or research design on the interpretation of results.
- Accurately and appropriately develops plans to address opportunities for additional changes.

Objective R3.1.5: (Applying) Implement quality improvement or research project related to the care of a specified population of patients or advancing the pharmacy profession related to population health management.

Criteria:

- Effectively presents a research project (e.g., accurately recommends or contributes to recommendation for operational change, formulary addition or deletion, implementation of medication guideline or restriction, or treatment protocol implementation) to appropriate audience.
- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to external stakeholders.
- Gains necessary commitment and approval for implementation.
- Follows established timeline and milestones.
- Effectively communicates any changes in medication formulary, medication usage, or other procedures to appropriate parties.

Objective R3.1.6: (Evaluating) Assess changes or need to make changes to improve care of a specified population of patients or advancing the pharmacy profession related to population health management.

Criteria:

- Evaluates data and/or outcome of project accurately and fully.
- Includes operational, clinical, economic, and humanistic outcomes of patient care, if applicable.
- Uses continuous quality improvement (CQI) principles to assess the success of the implemented change, if applicable.
- Correctly identifies need for additional modifications or changes based on outcome.
- Accurately assesses the impact of the project, including its sustainability (if applicable).
- Accurately and appropriately develops a plan to address opportunities for additional changes.

Competency Area R4: Leadership and Management

Goal R4.1: Demonstrate leadership skills for successful self-development in the provision of population health management and data analytics.

Objective R4.1.1: (Applying) Demonstrate personal, interpersonal, and teamwork skills critical for effective leadership.

Criteria:

- Demonstrates efficient time management.

- Manages conflict effectively.
- Demonstrates effective negotiation skills.
- Demonstrates ability to lead interprofessional teams.
- Uses effective communication skills and styles.
- Demonstrates understanding of perspectives of various health care professionals.
- Effectively expresses benefits of personal profession-wide leadership and advocacy.

Objective R4.1.2: (Applying) Apply a process of ongoing self-evaluation and personal performance improvement in the provision of population health management and data analytics.
Criteria:

- Accurately summarizes own strengths and areas for improvement (in knowledge, values, qualities, skills, and behaviors).
- Effectively uses a self-evaluation process for developing professional direction, goals, and plans.
- Effectively engages in self-evaluation of progress on specified goals and plans.
- Demonstrates ability to use and incorporate constructive feedback from others.
- Effectively uses principles of continuous professional development (CPD) planning (reflect, plan, act, evaluate, record/review).

Goal R4.2: Demonstrate management skills in the provision of population health management and data analytics.

Objective R4.2.1: (Applying) Contribute to departmental management of population health management and data analytics.
Criteria:

- Helps identify and define significant departmental needs, including:
  - Manpower/staffing.
  - Staff scheduling and contingencies.
  - Staff qualifications.
  - Assesses and develops educational opportunities regarding population health management for service line staff.
- Helps develop plans that address departmental needs, including:
  - Orientation.
  - Training and supervision.
  - Effectively participates in, or evaluates, strategic plan.
- Participates effectively on committees or informal work groups to complete group projects, tasks, or goals.
- Participates effectively in implementing changes, using change management and quality improvement best practices and tools, consistent with team, departmental, and organizational goals.

Objective R4.2.2: (Applying) Manage one's own advanced practice effectively.
Criteria:

- Reviews and interprets the most recent primary literature.
- Evaluates clinical practice activities for potential contributions to scholarship.
- Accurately assesses successes and areas for improvement (e.g., a need for staffing projects or education) in managing one's own practice.
- Makes accurate, criteria-based assessments of one's own ability to perform practice tasks.
- Regularly integrates new learning into subsequent performances of a task until expectations are met.
- Routinely seeks applicable learning opportunities when performance does not meet expectations.
- Demonstrates effective workload and time-management skills.
- Assumes responsibility for personal work quality and improvement.
- Is well prepared to fulfill responsibilities (e.g., patient care, projects, management, and meetings).
- Sets and meets realistic goals and timelines.
- Demonstrates awareness of own values, motivations, and emotions.
- Demonstrates enthusiasm, self-motivation, and a "can-do" approach.
- Strives to maintain a healthy work–life balance.
- Works collaboratively within the organization's political and decision-making structure.
- Demonstrates pride in and commitment to the profession through appearance, personal conduct, planning to pursue board certification.
- Demonstrates pride in and commitment to population health management and data analytics through membership in professional organizations related to the pharmacy practice.
- Demonstrates personal commitment and adheres to organizational and departmental policies and procedures.

Goal R4.3: Assist the organization in achieving compliance with accreditation, legal, regulatory, and safety requirements related to the use of medications (e.g., appropriate accrediting bodies and related professional organization standards, statements, and/or guidelines; state and federal laws regulating pharmacy practice).

Objective R4.3.1: (Analyzing) Determine appropriate activities and documentation needed to meet accreditation, legal, regulatory, and safety requirements for pharmacy.
Criteria:

- Accurately interprets legal (e.g., Medicaid/Medicare, State, Federal), regulatory (e.g., CMS), and accreditation requirements (e.g., TJC, HEDIS, NCQA, URAC).

- Reviews current organizational documentation related to compliance.

- Articulates implications associated with non-compliance.

Objective R4.3.2: (Applying) Participate in the organizational compliance processes for accreditation, legal, regulatory, and safety requirements related to data, medications, and pharmacy practice.
Criteria:

- Accurately assesses organizational current practice to requirements.
- Identifies gaps in compliance.
- Develops proposed strategies to close gaps in compliance.
- Actively participates in organizational committees which oversee organizational compliance.

Competency Area R5: Teaching, Education, and Dissemination of Knowledge

Goal R5.1: Provide effective medication and practice-related education to health care professionals in population health management and data analytics.

Objective R5.1.1: (Creating) Design effective educational activities related to population health management and data analytics.
Criteria:

- Accurately defines educational needs, including learning styles, with regard to target audience (e.g., individual versus group) and learning level (e.g., health care professional versus patient, student versus PGY1 resident).
- Selects topics of significance.
- Defines educational objectives that are specific, measurable, at a relevant learning level (e.g., applying, creating, evaluating), and address the audiences' defined learning needs.
- Plans use of teaching strategies that match learner needs, including active learning (e.g., patient cases, polling).
- Selects content that is relevant, thorough, evidence based (using primary literature where appropriate), timely and reflects best practices.
- Includes accurate citations and relevant references and adheres to applicable copyright laws.

Objective R5.1.2: (Applying) Use effective presentation and teaching skills to deliver education related to population health management and data analytics.
Criteria:

- Demonstrates rapport with learners.
- Captures and maintains learner/audience interest throughout the presentation.
- Implements planned teaching strategies effectively.
- Effectively facilitates audience participation, active learning, and engagement in various settings (e.g., small or large group, distance learning).
- Presents at appropriate rate and volume and without exhibiting poor speaker habits (e.g., excessive use of "um" and other interjections).
- Body language, movement, and expressions enhance presentations.
- Summarizes important points at appropriate times throughout presentations.
- Transitions smoothly between concepts.

- Effectively uses audio-visual aids and handouts to support learning activities.

Objective R5.1.3: (Applying) Use effective written communication to disseminate knowledge related to population health management and data analytics.
Criteria:
- Writes in a manner that is easily understandable and free of errors.
- Demonstrates thorough understanding of the topic.
- Notes appropriate citations and references.
- Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
- Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic when appropriate.
- Writes at a level appropriate for the target readership (e.g., physicians, pharmacists, other health care professionals, patients, and the public).
- Creates one's own work and does not engage in plagiarism.

Objective R5.1.4: (Evaluating) Assess effectiveness of education related to population health management and data analytics.
Criteria:
- Selects assessment method (e.g., written or verbal assessment or self-assessment questions, case with case-based questions, and learner demonstration of new skill) that matches activity.
- Provides timely, constructive, and criteria-based feedback to learner.
- If used, assessment questions are written in a clear, concise format that reflects best practices for test item construction.
- Determines how well learning objectives were met.
- Plans for follow-up educational activities to enhance or support learning and (if applicable) ensure that goals were met.
- Identifies ways to improve education-related skills.
- Obtains, reviews, and applies feedback from learners and others to improve effectiveness as an educator.

Goal R5.2: Effectively employ appropriate preceptor roles when engaged in teaching students, pharmacy technicians, or fellow health care professionals.

Objective R5.2.1: (Analyzing) When engaged in teaching, select a preceptor role that meets learners' educational needs.
Criteria:
- Identifies which preceptor role is applicable for the situation (direct instruction, modeling, coaching, facilitating).
    - Selects direct instruction when learners need background content.
    - Selects modeling when learners have sufficient background knowledge to understand the skill being modeled.

- Selects coaching when learners are prepared to perform a skill under supervision.
- Selects facilitating when learners have performed a skill satisfactorily under supervision.

Objective R5.2.2: (Applying) Employ preceptor roles, as appropriate, when instructing, modeling, coaching, or facilitating skills.

Criteria:

- Accurately assesses the learner's skill level to determine the appropriate preceptor role for providing practice-based teaching.
- Instructs students, technicians, or others as appropriate.
- Models skills, including "thinking out loud," so learners can "observe" critical-thinking skills.
- Coaches, including effective use of verbal guidance, feedback, and questioning, as needed.
- Facilitates, when appropriate, by allowing learner independence and uses indirect monitoring of performance.

ELECTIVE COMPETENCY AREAS, GOALS, AND OBJECTIVES FOR POSTGRADUATE YEAR TWO (PGY2) POPULATION HEALTH MANAGEMENT AND DATA ANALYTICS PHARMACY RESIDENCIES

Competency Area E1: Pharmacy Benefit Design and Formulary Management

Goal E1.1: Explain the interrelationship of the pharmacy benefit design elements and the organization's health care systems.

Objective E1.1.1: (Analyzing) Examine elements of pharmacy benefit design and management such as co-pay, formulary, medication utilization management, prior authorization procedures, consults, access to pharmacy networks, and contract negotiations (medication acquisition and/or network pharmacies).
Criteria:

- Compares and contrasts government (e.g., VA, DoD, Medicare) PBM roles and functions to private sector PBM roles and functions.
- Differentiates patient eligibility requirements and benefits for various plans.
- Appraises the methods for pharmaceutical procurement (e.g., prime vendor, open market, contract, use of inventory management systems).

Objective E1.1.2: (Analyzing) Research literature, business publications, websites and other relevant resources to assemble a list of factors that will influence sites' budget projections for the organization's funding period.
Criteria:

- Reviews resources for identifying pipeline drugs.
- Analyzes factors considered when determining whether a particular drug would be used by the covered population.
- Analyzes the influence of specialty drugs on the pharmacy budget.

Objective E1.1.3: (Creating) Assist the organization in planning and managing pharmacy drug spend.
Criteria:

- Designs models to predict drug spend, taking into account various plausible scenarios that could influence spend trajectory over the projected time frame.
- Generates cost savings plans that use formulary management techniques to achieve cost savings or cost avoidance.
- Constructs monitoring tools to track drug spend and savings.
- Produces financial reports that are meaningful and tailored to various customers (e.g., organizational leadership, clients, pharmacy directors, and formulary management staff).
- Applies clinical perspective and expertise to devise metrics to track and trend drug spend.

Goal E1.2: Manage aspects of the medication-use process related to formulary management through use of pharmacoeconomic proposals, medication use criteria, and organizational policies and procedures affecting the care of patients.

Objective E1.2.1: (Applying) Communicate formulary changes and/or outcomes to the organization.
Criteria:

- Accurately evaluates the effectiveness of channels of communication throughout the organization.
- Proposes communicating through an existing channel or suggests the development of a new/revised channel.
- Develops clear and concise communication messages.
- Assesses communication effectiveness.

Objective E1.2.2: (Creating) Prepare written medication use policy, applying clinical expertise, literature evaluation and appropriate pharmacoeconomic analyses.
Criteria:

- Explains the principles and methodology of basic pharmacoeconomic analyses.
- Appraises published and unpublished literature and other clinical information in the development of prior authorization/drug use criteria.
- Prepares succinct, comprehensive written products that address technical, operational and clinical perspectives and are considerate of workload/staff impact.
- Conducts a pharmacoeconomic analysis to support a medication policy and/or process recommendation or decision (e.g., Decision Analysis, Cost-Effectiveness Analysis, Cost-Benefit Analysis, Cost-Minimization Analysis, and Cost-Utility Analysis).
- Gains consensus for the approval of the written criteria or policy through the organization's governing bodies.
- Uses evidence-based principles to develop criteria for use.

Objective E1.2.3: (Applying) Present the medication use policy to an interdisciplinary organizational committee and gain consensus for approval.
Criteria:

- Demonstrates appropriate assertiveness in presenting pharmacy concerns, solutions, and interests to internal and external stakeholders.
- Presentations reflect understanding of the composition and responsibilities of the organization's committee.
- Presentations reflect understanding of the pharmacist's responsibilities when participating in committee decision-making.
- Presentations use appropriate style of presentation for committee meetings.

Objective E1.2.4: (Evaluating) Assess the impact of a policy or process recommendation on patient safety and quality of care.
Criteria:

- Demonstrates a systematic approach to gathering data.
- Accurately analyzes data gathered.

- Presents finding to key stakeholders.
- Implements approved changes, as applicable.

Competency Area E2: Academia

Goal E2.1: Demonstrate understanding of key elements of the academic environment and faculty roles within it.

Objective E2.1.1: (Understanding) Demonstrates understanding of key elements of the academic environment and faculty roles within it.

Criteria:

- Accurately describes variations in the expectations of different colleges/schools of pharmacy for teaching, practice, research, and service, including public versus private colleges/schools of pharmacy and relationships between scholarly activity and teaching, practice, research and service.
- Accurately describes the academic environment, including how the decisions by university and college administration impact the faculty and how outside forces (e.g., change in the profession, funding source, accreditation requirements) impact administrator and faculty roles.
- Accurately describes faculty roles and responsibilities.
- Accurately describes the types and ranks of faculty appointments, including the various types of appointments (e.g., non-tenure, tenure-track, and tenured faculty), various ranks of faculty (e.g., instructor, assistant professor, associate professor, full professor), and the role and implications of part-time and adjunct faculty as schools continue to expand and faculty shortages occur, and promotion and tenure process for each type of appointment, including types of activities that are considered in the promotion process and for tenure.
- Accurately explains the role and influence of faculty in the academic environment, including faculty in governance structure (e.g., the faculty senate, committee service) and faculty related to teaching, practice, research, and service roles (e.g., curriculum development and committee service).
- Accurately identifies resources available to help develop academic skills, including the role of academic-related professional organizations (e.g., AACP) and other resources to help develop teaching skills and a teaching philosophy.
- Accurately identifies and describes ways that faculty maintain balance in their roles.
- Accurately describes typical affiliation agreements between a college of pharmacy and a practice site (e.g., health system, hospital, clinic, retail pharmacy).

Goal E2.2: Exercise case-based and other teaching skills essential to pharmacy faculty.

Objective E2.2.1: (Applying) Develop and deliver cases for workshops and exercises for laboratory experiences.

Criteria:

- Identifies the appropriate level of case-based teachings for small group instruction.
- Identifies appropriate exercises for laboratory experiences.
- Provides appropriate and timely feedback to improve performance.

Objective E2.2.2: (Evaluating) Compare and contrast methods to prevent and respond to academic and profession dishonesty and adhere to copyright laws.

Criteria:

- Accurately evaluates physical and attitudinal methods to prevent academic dishonesty.
- Accurately describes methods of responding to incidents of academic dishonesty.
- Accurately explains the role of academic honor committees in cases of academic dishonesty.
- Identifies examples and methods to address unprofessional behavior in learners.
- Accurately describes copyright regulations as related to reproducing materials for teaching purposes.
- Accurately describes copyright regulations as related to linking and citing on-line materials.

Goal E2.3: Develops and practices a philosophy of teaching.

Objective E2.3.1: (Creating) Develop or update a teaching philosophy statement.

Criteria:

- Teaching philosophy includes:
  - Self-reflection on personal beliefs about teaching and learning;
  - Identification of attitudes, values, and beliefs about teaching and learning; and,
  - Illustrates personal beliefs on practice and how these beliefs and experiences are incorporated in a classroom or experiential setting with trainees.
  - If updating, reflect on how one's philosophy has changed.

Objective E2.3.2: (Creating) Prepare a practice-based teaching activity.

Criteria:

- Develops learning objectives using active verbs and measureable outcomes.
- Plans teaching strategies appropriate for the learning objectives.
- Uses materials that are appropriate for the target audience.
- Organizes teaching materials logically.
- Plans relevant assessment techniques.
- When used, develops examination questions that are logical, well-written, and test the learners' knowledge rather than their test-taking abilities.
- Participates in a systematic evaluation of assessment strategies (e.g., post-exam statistical analysis) when appropriate.
- Ensures activities are consistent with learning objectives in course syllabus.

Objective E2.3.3: (Applying) Deliver a practice-based educational activity, including didactic or experiential teaching, or facilitation.

Criteria:

- Incorporates at least one active learning strategy in didactic experiences appropriate for the topic.
- Uses effective skills in facilitating small and large groups.
- For experiential activities:
    - Organizes student activities (e.g., student calendar).
    - Effectively facilitates topic discussions and learning activities within the allotted time.
    - Effectively develops and evaluates learner assignments (e.g., journal clubs, presentations, SOAP notes).
    - Effectively assesses student performance.
    - Provides constructive feedback.

Objective E2.3.4: (Creating) Document one's teaching philosophy, skills, and experiences in a teaching portfolio.

Criteria:

- Portfolio includes:
    - A statement describing one's teaching philosophy.
    - Curriculum vitae.
    - Teaching materials including slides and other handouts for each teaching experience.
    - Documented self-reflections on one's teaching experiences and skills, including strengths, areas for improvement, and plans for working on the areas for improvement.
    - Peer/faculty evaluations.
    - Student/learner evaluations.

Competency Area E3: Advanced Skills with Technology or Automation Systems

Goal E3.1: Serve as an expert resource for the management of a specific technology or system.

Objective E3.1.1: (Understanding) Demonstrate understanding in the operation of the technology or system.

Criteria:

- Demonstrates understanding of the user view of the technology or automation system.
- Demonstrates understanding of the technical view of the technology or automation system.
- Demonstrate the operation of the technology or system.

Objective E3.1.2: (Applying) Formulate effective explanations, geared for a variety of interested audiences, of the functions of the technology or system.

Criteria:

- Adjusts communications appropriately when interacting with a technical audience versus a non-technical audience.
- Uses effective communication strategies with information technology vendors.

Objective E3.1.3: (Creating) Contribute to a change or improvement utilizing the technology or system.

Criteria:

- When presented with a non-standard problem, apply lateral (out-of-box) thinking to its solution.
- Engages with or develops a plan to implement a change in the technology or system.
- Participates in the change or implementation plan.

APPENDIX

Statement on Rationale for No Appendix: Due to the highly dynamic nature of the field of Population Health Management and Data Analytics (PHMDA), intense development in healthcare information technology, and diversity and growth of healthcare software systems, an Appendix of specific scenarios would quickly become outdated and not applicable for the life of the document. Therefore, the Competency Areas, Goals, and Objectives (CAGOs) for Postgraduate Year Two (PGY2) PHMDA pharmacy residencies do not include an Appendix. The level of knowledge, understanding, and experience in all core areas or relevant issues in the field of population health management and data analytics expected of

graduates of PGY2 PHMDA programs has been incorporated into the CAGOs listed above. Provided below is an optional list of related topics to this field of study.

Key Pharmacy Population Health Management and Data Analytics Topic References

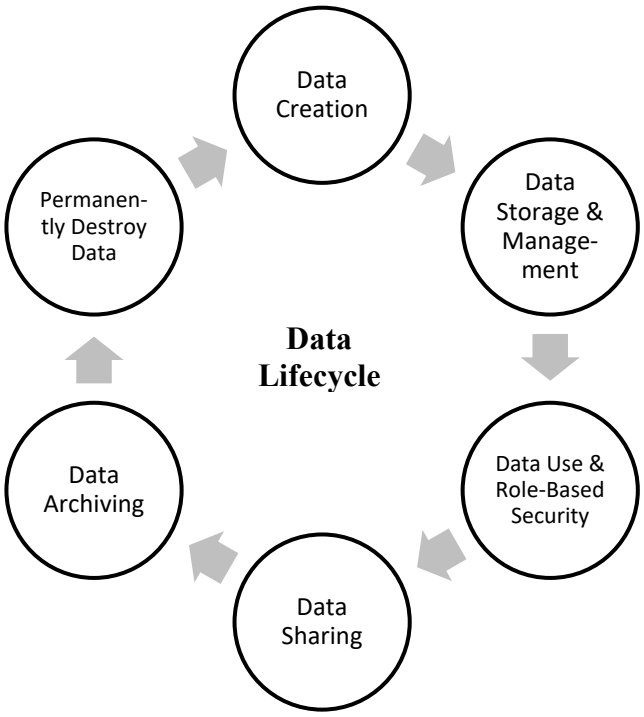
The topics listed below may be incorporated into the program content in order to develop a well-rounded PGY2 PHMDA pharmacy resident. Any of these topics, beyond what is required in the Competency Areas, Goals and Objectives for the PGY2 PHMDA residency are not required, however, you may want to include them in your program design in order to provide comprehensive training for the residents across a spectrum of PHMDA concepts, regulatory requirements, performance measures, information technology, and pharmacoeconomic principles.

Concepts in Managed Care Pharmacy • Disease Management • Drug Utilization Review • Electronic Prescribing • Formulary Management • Maintaining Affordability of the Prescription Drug Benefit • Medication Errors • Medication Stockpiling • Outcomes Research • Patient Confidentiality • Population Health Management • Prior Authorization • Specialty Pharmaceuticals	Pharmacy and Health Plan Quality • Performance Measures and PQA (Pharmacy Quality Alliance) • Performance Measure Implementation and Evaluation • Quality Measures (including CMS Star Ratings) • NCQA (National Committee for Quality Assurance) Accreditation and HEDIS (Healthcare Effectiveness Data and Information Set) • URAC Accreditation	Federal Programs and Regulations • Medicare • Medicare Part D • Medicaid • ACA (Affordable Care Act)/Healthcare Reform • ACA and the Pharmacist • FDA Drug Approval Process • FDA Approved Drug Products • 340 B Drug Pricing Program
Evaluating Evidence and Drug Information • Drug Information and Literature Evaluation • Study Design and Statistical Terms • Statistics • AMCP Format for Formulary Submissions • Formulary Monographs	Pharmacy and Therapeutics Committees • Pharmacy and Therapeutics (P&T) Committees • Compendia and Knowledge bases	Pharmacy Benefit Design • Pharmacy Benefit Design • Utilization Management • Cost Containment Strategies
Managed Care Pharmacy Interventions • Educational Interventions • Monitoring and Feedback • Disease Management	Pharmacoeconomics and Pharmacoepidemiology • Comparative Effective Research • Pharmacoeconomic Evaluation Techniques	Pharmaceutical Payments and Pricing • Payment Methods • Pricing and Reimbursement • Rebates • Value Based-Contracts

• Managed Care Pharmacy Interventions	• Cost-Effective Analysis (CEA) • Pharmacoeconomics • Patient Reported Outcomes • Research Project	
Specialty Pharmacy • Specialty Drugs • Biosimilars and Follow-On • Biologics • Managing Specialty Drugs • Medical Benefit Specialty • Management	Personalized Medicine • Precision Medicine	Information Technology (IT) • Health IT • Mobile Health • Pharmacy Health Information Technology Collaborative • NCPDP • Common NCPDP reject codes • National Drug Code • Drug databases • RxNorm • ICD-10 • SNOMED/LOINC

Reference:

Figure A.



APPENDIX VI: Journal Club/Literature Evaluation

1. **Reason for doing a journal club.**
   a. To encourage the student to keep up with the literature.
   b. To teach the student to analyze the validity of an article and not to just accept it as fact.

2. **Choosing an article: Explain why you chose this article.**
   a. Original article (not a review article) from a reputable journal.
   b. Human studies.
   c. It is preferable to choose an article published within the last 4 months.
   d. Subject that could impact your practice or be of special interest to you.
   e. Who sponsored the article.
   f. A study should contain: Title, abstract, introduction, methods, results and discussion.

3. **Analyzing an article.**
   a. Validity of an article: How precisely and accurately was the outcome measured.
   Internal Validity: How well the study was done. Can the results stand up to scrutiny? Were the patients equal throughout the study? Were the means of measuring the outcome the same throughout the study? Was there bias?
   External Validity: Can the results of the study be extrapolated to patients outside the study?
   b. Study design: To answer a hypothesis.
   May vary depending upon cost, time, sample, size, disease state, outcomes measured, etc.
   Should anticipate, eliminate or minimize any potential sources of ***bias***. Bias is a systematic error that enters a study through study design and distorts the data obtained.
   Strategies to minimize bias:
   Double blinded study > Single Blinded > Open label
   Placebo controlled
   Randomization
   Prospective > Retrospective
   Reader bias:
   Over critical evaluation of the study
   Reader has preconceived idea of what the results of the study should demonstrate
   Draw your own conclusion as to whether the study answered the hypothesis before reading

4. **Handout (Provide a one page handout and the first page of the article)**
   - Objectives of the article
   - Pertinent points of the article
   - Patient population
   - Study design
   - Results of the study
   - Presenters critique of the article

5. **Presentation: Should run about 15-30 minutes and include the following in the same order:**
   - Explain why you chose the article
   - Briefly discuss the type and results of the study.
   - Critique the article: Do you agree with the study design. Does it have internal and external validity? Was there study bias?

APPENDIX VII: Initial Self-Evaluation

VA Sierra Pacific Network (VISN 21)
Pharmacy Outcomes & Healthcare Analytics Resident
Initial Achievement Plan & Self-Evaluation
Program Planning Form

2020-2021

Name of Resident: _____, PharmD Type of Residency: Population Health Management and Data Analytics

In order to design a program that will best meet a resident's needs and interests, each Resident is asked to complete an individual initial evaluation for Program Individualization. Please complete this form and return to the VISN 21 PBM staff. This information will be used to assess your current strengths, areas where you would like to gain experience, and your professional goals to guide in the planning of your residency experiences for the upcoming year.

Career Goal Setting:

What are your immediate goals? Ideally, what would you like to do after completing your residency? Describe the type of professional practice and setting in which you would like to be.

Describe how you think your practice will change over the next five years.

What are your long-range career goals?

Professional Goal Setting:

What immediate goals do you want to accomplish during your residency as they relate to the following items. Please identify any specific skills or training you may want to receive during your upcoming residency.

Clinical training:

Teaching Skills:

Research Skills:

Other:

Pharmacy Practice Experience Inventory:

As part of our assessment of your previous pharmacy practice experiences (including internships, externships, clerkships, residency etc.), please describe your practice experiences and proficiency in the following areas:

Acute care (hospital experiences and activities performed; include supervisory activities, working with directors or supervisors of pharmacy services, etc.):

Ambulatory care (outpatient or community pharmacy experiences and activities):

Drug Information/DUE/Drug Policy Development (regardless of setting, whether inpatient or outpatient; also describe your experiences in providing drug information, whether formal or informal):

Pharmacy Practice Management (orientation and familiarity with pharmacy operations, ordering systems, inventory control, pharmacy computer systems, etc., whether inpatient or outpatient):

Pharmacy Practice Experience Inventory (continued):

After reflecting on your PharmD student clerkships, internships, clinical and previous resident experiences **please rank yourself as competent and confident using a scale of 1 (not competent or confident at all) to 5 (very competent and confident).**

☐	Internal medicine	☐	Surgery/TPN
☐	Geriatrics	☐	Critical care
☐	Hypertension	☐	Anticoagulation
☐	Diabetes	☐	Hyperlipidemia
☐	Institutional practice (staffing)	☐	Drug usage evaluation
☐	Drug literature evaluation	☐	Formulary monographs/management
☐	Research project	☐	Oncology
☐	Cardiology	☐	Respiratory diseases
☐	Drug safety	☐	HIV
☐	Ambulatory Care	☐	Pharmacoeconomics
☐	Pharmacy Practice Management	☐	Other (please specify)

Considering the areas listed above, what suggestions would you have to tailor your experiences during the residency to improve your competency and confidence?

Residency Elective Experience Preferences:
The following are possible areas where a resident can participate as elective rotations.

Please indicate your interest in the following areas based on the following scale.

1 = Very Interested, **2** = Moderately Interested, **3** = Indifferent, **4** = Moderately Uninterested, **5** = Very Uninterested

_____ Mental Health Inpatient
_____ Mental Health Outpatient
_____ Women's Health (VA + community)
_____ Triage (Emergency Room) Medicine
_____ Diabetes Care
_____ Pediatrics (Community Rotation)
_____ Didactic Experience (e.g. P'Econ, Pharmacoepidemiology, statistics, etc.)
_____ Advanced ICU Experience
_____ Advanced Medicine Experience
_____ Advanced Data Management
_____ ID/HIV
_____ Advanced Ambulatory Care Experience
_____ VA Community Based Outpatient Clinic (CBOC)
_____ Other (please define):
_____ Other (please define):

Please identify the type of activities that you would like to participate in during any ambulatory care experiences. Describe the type of skills you would like to develop. **(Please include P'Econ in this assessment)**

Personal and Clinical Strengths & Weaknesses:

At this point in time, what *clinical* strengths do you feel that you have?

What *clinical* strengths do you wish to develop during the Residency year?

What *clinical* weaknesses do you feel that you have?

How would you like preceptors to help you improve your *clinical* strengths and weaknesses?

At this point in time, what *personality* strengths do you feel that you have?

Please list three *personality* strengths that you would like to develop during the Residency Year.

What *personality* weaknesses do you feel that you have?

How would you like preceptors to help you improve your *personality* strengths and weaknesses?

Understanding of Pharmaceutical Care:

How do you design, recommend, monitor, and evaluate an individual patient's pharmacotherapy? (Discuss your process and what you believe are the important aspects of each step).

Other:

Other comments and suggestions/preferences for your residency. Please include any time off requests for special events (weddings, family events, etc.) that you may need during the upcoming year.

*****Residents please do not write below this line*****

Comments from Residency Director:
This above information will be used to create an individualized plan for your residency training. This plan will then be reviewed and updated each Quarter during your training.

PGY2 Initial Individualized Resident Plan:
Immediate Interests to Address Professional and Career Goals:
Pharmacy Practice Experience Inventory: (additional clinical practice experiences requested)
Residency Elective Experience Preferences:
Specific Projects to Address the Resident's Strengths and Weaknesses:
Research Interests/Teaching/Didactic Goals:
Other

<u>Additional Individualized Training Plans</u> (include added goals and objectives and plan for evaluation):

Projects currently planned to meet goals and objectives for the first Quarter include:

1. Formulary Management
2. P'Econ/Outcomes

3. Service/Policy Development
4. Data Management
5. Practice and Practice Foundation

This Resident Assessment and Program Planning document was discussed with the undersigned resident.

Resident's Signature	*Date*
Scott Mambourg, PharmD, BCPS, AAHIVP Residency Program Director	*Date*

APPENDIX VIII: Resident Quarterly Self-Evaluation

Resident Name:
Date:

Included below is a list of questions for you to utilize as a guide for your self-evaluations. ***Please refer to your Initial Self-Evaluation when answering these questions***.

I. Goals to accomplish during the PGY-2 Residency Year

1. Based on the Goals accomplished thus far in the residency program?

    a. Do you feel you have accomplished these goals to the best of your ability? If not, what can be done to help you further achieve these goals?

2. Identify those goals, which you have yet to accomplish. Have projects been identified to accomplish these remaining goals?

3. Are any of those goals you identified previously no longer applicable?

4. What goals would you like to add at this time?

II. Current Interests of Clinical Pharmacy Practice

1. What are your primary interests at this time?

2. What has confirmed your interest in these areas, or what experiences have contributed to your decision to change your focus?

3. Have you decided how you would like to complete you elective rotations?

III. Strengths and Weaknesses

1. How have you utilized your strengths during the residency?

2. What experiences have occurred or feedback have you received, which have confirmed your strengths?

3. What additional strengths have you acquired during the residency?

4. How have you strived to overcome your weaknesses?

5. Were any weaknesses uncovered during the residency experience, which you were not previously aware of?

IV. Methods to Help Overcome Areas of Weakness

1. How have your preceptors helped you with the weaknesses you listed?

2. What aspects of the residency helped you with the weaknesses you listed?

3. How could the residency have been improved or what could your preceptors have done to help you overcome these areas of weakness?

V. Personal Preferences and Strategies

1. What Suggestions would you have to tailor your experiences during the residency to improve your competency and confidence?

2. Describe the frequency and type of preceptor interaction you feel to be ideal. Where do you see the preceptor fitting into your professional development and maturity?

APPENDIX IX: PGY-2 Outgoing Resident Survey

Veterans Affairs Medical Center Reno, NV	*PGY-2 Pharmacy Outcomes & Healthcare Analytics*

Outgoing residents: I would like to request your feedback about the residency. I appreciate if you would take a few minutes and complete the following survey. I want your honest feedback and I am trying to identify areas of improvement.

Please fill out electronically, print and sign. You can give to me in hardcopy or have scanned into PDF and e-mailed. If you have any questions, please see me or call me at 775-326-5724

1. What did you like the best about this residency program? What did you like the least?

2. What specific skill did you improve/learn in this residency program that will help you in the future?

3. What experience and or skill would you have liked (that you did not get) in the residency program?

4. If you could change one or two aspects of the residency program what would it (they) be?

5. If you had to do the residency again, would you choose this one again?

6. Do you have specific comments (positive and/or negative about specific rotations?

7. Do you have specific comments (positive and/or negative about specific preceptors?

8. Do you have specific comments (positive and/or negative about the RPD?

9. Any other final comments?

Name:_____ Date: _____

APPENDIX X: Functional Statement

Position Title: PGY-2 Population Health Management and Data Analytics Resident

General Program Description:

The role of the pharmacy resident is to develop into clinically competent pharmacists capable of managing small and large populations of patients, primarily through longitudinal experiences in data management, pharmacoeconomics, and health outcomes. The PGY2 resident provides specialized support to promote the integration of information technology, informatics, and data analysis with the practice of evidence-based medicine and medical treatments for VISN 21 PBM projects.

Residents are under the general supervision of the residency director, and under the preceptorship of the residency director and other assigned personnel. Under such oversight, the resident will design computerized reports and interfaces for various demographics; will demonstrate project development, implementation, and management skills; will initiate and implement clinical programs to enhance the efficiency of patient care; will monitor the local Veterans Integrated Service Network (VISN) performance measures and metrics; will provide education to health care professionals and participate in clinical research.

Functions:

1. *Clinical and population management*
    a. Demonstrates professionalism, creativity, and cooperation to work with various VISN 21 PBM task forces, workgroups and committees to improve patient care through various projects.
    b. Evaluates drug related problems, designs systematic problem solving routines, assist in therapeutic selection, monitoring and evaluation of therapy.
    c. Clinically manages patients directly or by using dashboard tools to improve patient safety, quality and other outcomes under the supervision of a preceptor.
2. *Data management*
    a. Initiates, develops, validates, and executes projects in support of the data warehouse.
    b. Provides feedback to clinical staff to improve user interface of data tools.
    c. Demonstrates understanding of the VA health data repository enterprise architecture data warehouse by manipulating the local, regional, and central databases to improve performance measures and metrics, improve efficiency of patient care, and identify at risk patients for VA personnel as appropriate for research and program purposes.
3. *Research, Pharmacoeconomics and Health Outcomes*
    a. Reviews PBM performance measures/metric, Lost Opportunity Costs (LOC)/PBM contract adherence, and other pharmacoeconomic initiatives.
    b. Applies pharmacoeconomic principles to the VA healthcare environment and in research design and methodologies to improve economic, clinical, and humanistic health outcomes.
    c. Manages and directs outcome projects developed and assigned by the preceptor at the direction of committees, task forces, and informal groups.
    d. Monitors and records both clinical and economic outcomes of programs.
    e. Continually monitors new literature, evidence, and pricing changes to improve care and cost-containment.

f. Designs and participates in research studies involving therapy outcomes, pharmacoeconomics, and quality care.

4. *Education*
   a. Precepts other trainees as part of duty responsibilities as assigned.
   b. Provides accurate and comprehensive information about drugs and drug use to other health care providers and patients.
   c. Participates in in-service education programs to pharmacists, nurses, and other health care professionals.
   d. Reviews and presents evaluations of articles in Pharmacy Journal Club as scheduled.
   e. Assumes responsibility for self-development in learning about new medications and current changes within the practice of pharmacy.
   f. Demonstrates strong interpersonal skills dealing with other health providers and patients.
5. *Administration*
   a. Participates in defining strategic goals, educates clinicians regarding processes related to operations, assists in measurements of those goals, and contributes to PBM and Medical Care Collections Fund (MCCF) success.
   b. Demonstrates responsibility and initiative by managing projects in all aspects of VISN formulary.
   c. Attends, participates and contributes to decisions of P&T Committees, VISN MUM team and other committees and/or work groups.
   d. Participates in various Continuous Quality Improvement (CQI) initiatives, including Drug Use Evaluations (DUEs).
   e. Reviews questions/problems dealing with all aspects of pharmacy operations and implements projects to better utilize available resources.
6. *Quality Assurance/Drug Use Evaluation/Research*
   a. Designs, develops, and completes at least one approved research/quality improvement project to evaluate the quality of clinical pharmacy services, other pharmacy service or drug usage, and prescribing practices. Completion includes a manuscript submission.
   b. Coordinates targeted physician and pharmacist task forces or project groups to address performance measures, and optimize the cost-effective use of medications and respective concerns.
   c. Exercises initiative and collaboration effectively with clinical and administrative staff to meet performance goals and support quality patients care activities.
   d. Participates in a longitudinal experience where the resident will gain exposure and contribute to the development and achievement of PBM and pharmacy service goals on the local, VISN, and National levels.
   e. Develops and implements VISN-wide targeted programs to achieve performance measures and contract goals in a global and time-efficient manner. Monitors needs of individual sites and guides sites on project implementation.

Qualifications:

1. The resident must be a United States Citizen.
2. Graduate of a degree program in pharmacy from an approved college or university. The degree program must have been approved by the American Council on Pharmaceutical Education (ACPE), or prior to the establishment of ACPE, have been a member of the American Association of Colleges of Pharmacy (AACP). Verification of approved degree programs may

be obtained from the American Council on Pharmaceutical Education, 311 West Superior Street, Suite 512, Chicago, Illinois 60610, Phone (312) 664-3575

3. **Licensure:** Full, current and unrestricted license to practice pharmacy in a State, Territory, Commonwealth of the United States (i.e., Puerto Rico), or the District of Columbia. The pharmacist must maintain current registration if this is a requirement for maintaining full, current, and unrestricted licensure.
4. Completion of a first-year pharmacy practice residency or an equivalent experience approved by ASHP, 3 years of clinical experience minimum, is required to be considered for this PGY-2 program.
5. See VA Handbook 5005, Part II, Appendix G-15.

Additional/Preferred Qualifications:

A. Meets the age-specific competency as outlined in the "Competency Assessment Plan". Meets the general competencies as outlined in the "Competency Assessment Plan", which includes the following:
    1. Knowledge of proper infectious disease precautions/procedures.
    2. Knowledge of Fire/Safety/Emergency/Hazardous Material Procedures.
    3. Knowledge of Medical Center Quality Assurance.
    4. Knowledge of the appropriate responses for initiating CPR.
    5. Knowledge of the principles of information management.
    6. Knowledge of the customer service standards and interpersonal skills.
    7. Knowledge and skill to meet the position specific competencies as outlined in the "Competency Assessment Plan ".

B. The ability to communicate effectively in consultative roles with physicians, allied health care professionals, and counsel patients on drug therapy is essential to the accomplishment of the pharmacy mission.

C. The resident will review and evaluate medication therapies and recommend viable alternatives to the providers on problems concerned with drug regimens. The difficulty and complexity of the resident's responsibilities are compounded by personal contacts with an ambulatory patient population who are (a) usually severely handicapped and/or mentally/physically ill or (b) arbor/manifest attitudes of depression, resentment or anger which may present emotional/physical stress factors. It is requisite that courtesy, tact, discretion, resourcefulness, initiative and a sympathetic understanding of the patient's manifested behavior are exercised at all times.

Supervisory Controls:

The resident serves with considerable independence in all areas of pharmacy activity under the general supervision of the Residency Director. The resident reports to and keeps the Clinical Pharmacy Specialist Preceptor apprised of trends/problems affecting any aspects of the activity, also, recognizing the need for changes in policy and procedures and makes viable recommendations.

Customer Service:

A. Relationships with supervisors, co-workers and others within the organization must be consistently courteous and cooperative in nature and overall contribute to the effective operation of the office. Performance must demonstrate the ability to adjust to change or work pressure in a pleasant manner; handle differences of opinion in a businesslike fashion; follow

instructions conscientiously; and function as a team member, helping the group effort where possible.

B. Interacts with a wide variety of staff and demonstrates sensitivity to and an understanding of their needs by taking ownership of the problem and adopting the customer's needs as their own.

C. Provides professional and technical advice, support and assistance to all customers with a view towards accomplishing the service mission (i.e. customer service). Personal interactions will be free of legitimate negative feedback.

D. Customers are treated in a professional manner, with tact, courtesy and respect. Instills confidence and trust with supervisors, peers and subordinates by providing timely and quality service. Meets established time frames and deadlines in area of responsibility.

Age Related Competency:

A. The resident demonstrates the skills and knowledge necessary to provide care appropriate to the adult and geriatric patients served, including the ability to obtain and interpret information to identify patient needs to provide the care needed.

B. Demonstrates the ability to work with a variety of diagnosis and ages meeting the special needs of the following age groups as stated on the "Competency Assessment Plan ":

1. Young Adulthood: 18 -39 Years Old
2. Middle Adulthood: 40 -64 Years Old
3. Older Adult: 65 -80 Years Old
4. Geriatric: 80+Years Old

Drug Testing Position:

In accordance with criteria contained in Executive Order 12564, this position has been determined as "sensitive" for drug testing purposes. VA employees in positions involving law enforcement, national security, the protection of life and property, public health or safety, or other functions requiring a high degree of trust and confidence, will be designated as subject to drug testing.

Occupational Safety and Health:

A. Follow safe work practices and procedures, including use of required personal protective equipment (PPE).

B. Recognize and report unsafe or unhealthy conditions/practices to supervisory personnel.

C. Report work-related injuries or illness to supervisory personnel.

ADP Security:

In the performance of official duties, the employee has regular access to printed and electronic files containing sensitive information, which must be protected under the provisions of the Privacy Act of 1974, Health Insurance Portability and Accountability Act (HIPAA) of 1996, and other applicable law and regulations. The employee is responsible for (1) protecting that information from unauthorized release or from loss, alteration, or unauthorized deletion and (2) following applicable regulations and instructions regarding access to computerized files, release of access codes, etc. as set out in a computer access agreement which the employee signs.

Language Proficiency:

The resident in this position has direct patient care duties and must be proficient in the English language.

Duties:

1. Abide by the bylaws, rules, and regulations of this Medical Center which apply to activities as a member of the professional staff
2. Abide by the professional standards established by the American Society of Hospital Pharmacists and the policies and procedures of this Medical Center and the Department of Veterans Affairs
3. In the performance of official duties, the employee has regular access to both printed and electronic information containing sensitive data which must be protected under the provisions of the Privacy Act of 1974 and other applicable laws, federal regulations, VA statutes and policies, and VHA policy. The employee is responsible for (1) protecting that data from unauthorized release or from loss, alteration or unauthorized deletion and (2) following applicable regulations and instructions regarding access to computerized files, release of access codes, etc., as set out in a "Rules of Behavior" signed by each employee.
4. The resident is required to obtain a pharmacist license as defined by the Department of Veterans Affairs and the Erie VAMC Residency Manual.
5. Meet the requirements of the ASHP Accreditation Standard for post graduate year 1 (PGY2) pharmacy residency program

I have read and received a copy of this Functional Statement. I understand that I am responsible for the contents within.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

APPENDIX XI: VA National Formulary FAQ

1) **Q: Where can I find detailed information about the VA National Formulary Management Process?**
   A: VHA Handbook 1108.08 "VHA Formulary Management Process".

2) **Q: What is the purpose of the VA National Formulary (VANF)?**
   A: The purpose of the VANF is to provide high quality, best value pharmaceutical products while assuring the portability and standardization of the pharmacy benefit to eligible veterans accepted by VA for care.

3) **Q: Why aren't strengths listed on the VA National Formulary (VANF)?**
   A: The VANF is dosage form specific to allow flexibility at VISN/facility level.

4) **Q: Why can't I locate a brand name product on the VA National Formulary?**
   A: Items are listed by generic name and VA class. In some cases the brand name drug is included in parentheses for standardization or as an example for complicated generic name combinations.

5) **Q: What is the VA Class?**
   A: It is a therapeutic classification system to help identify similar products.

6) **Q: What does "R" mean by antibiotics?**
   A: This is defined in the heading of the VA National Formulary and states: "The national restriction for antibiotics is that all decisions regarding which agents to carry in these classes will be made at the local or VISN level. These decisions should be based on local culture and sensitivity patterns."

7) **Q: Where can I find VA clinical guidance (e.g., Criteria for Use, Drug Class Reviews, and Drug Monographs?**
   A: Refer to the PBM Webpage at https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx under "Clinical Guidance".

8) **Q: Can agents be added on the VISN/local level?**
   A: No. The VANF is the sole drug formulary used in VA. (Reference: VHA Handbook 1108.08, paragraph 17. a.)

9) **Q: How do I know if a drug is on a National Contract or other special contract?**
   A: Refer to the PBM Webpage at https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx under "Drug & Pharmaceutical Prices" or the Prime Vendor Webpage (https://connect.mckesson.com).

10) **Q: Can agents listed on the VA National Formulary (VANF) be deleted on the VISN/facility level?**

A: No. The VANF is a listing of products (drugs and supplies) that must be available for prescription at all VA facilities, and cannot be made non-formulary by a VISN or individual medical center. (Reference: VHA Handbook 1108.08, paragraph 3. q.)

11) Q: How do I know if an item is on the VA National Formulary (VANF)?

A: Items are listed by generic name or VA class on the PBM Webpage at https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx under "National Formulary".

12) Q: How is the VA National Formulary (VANF) updated?

A: The VANF is updated by the PBM after changes are made from Medical Advisory Panel/VISN Pharmacist Executives (MAP/VPE) meetings.

13) Q: Where can I obtain a current copy or changes previously made to the VA National Formulary?

A: Refer to the PBM Webpage at https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx under "National Formulary".

14) Q: How is an item added to the VA National Formulary (VANF)?

A: Requests for change in VANF status may be submitted to the PBM by a VISN Formulary Committee, the VFL Committee, the MAP, a VHA Chief Medical Consultant, or VHA Chief Medical Officer. ***NOTE:*** *An individual or group of physicians may submit a request for VANF addition through their VISN Formulary Committee(s).*

1. All requests for change in VANF status must contain:
   a. Minutes of the VFL Committee or other acknowledged meeting in which action was taken on the product (if applicable).
   b. Literature citations that support the recommendation.
2. All requests for addition to the VANF must contain:
   a. Criteria for drug use that addresses indications, monitoring, and any efficacy or safety outcomes specific to the Veteran population;
   b. Completion of VA Form 10-0450, VHA National Formulary Request for Formulary Review;
   c. Completion of VA Form 10-0451, Conflict of Interest Disclosure Form, by the parties presenting the drug for formulary addition; and
   d. The signature of the VISN Pharmacist Executive, VHA Chief Medical Consultant, or Chief Medical Officer.

(Reference: VHA Handbook 1108.08, paragraph 17. l.)

15) Q: What is the non-formulary use procedure?

A: A non-formulary request process must exist at each VA facility. The process should assure that decisions are evidence-based and timely. Non-formulary products may be approved under the following circumstances:

1. Contraindication(s) to the formulary agent(s).
2. Adverse reaction to the formulary agent(s).
3. Therapeutic failure of formulary alternatives.
4. No formulary alternative exists.

5. The patient has previously responded to a non-formulary agent and risk is associated with a change to a formulary agent.

(Reference: VHA Handbook 1108.08, paragraph 17. q.)

16) Q: Can I use a non-formulary agent if I am involved in a clinical trial?

A: Yes. Drugs and supplies are not added to the VANF solely for the purpose of performing a clinical trial; however, the VANF is not intended to impede the use of any pharmaceutical agent in legitimate scientific studies. (Reference: VHA Handbook 1108.08, paragraph 17)

17) Q: How was the original National Formulary compiled?

A: By combining the VISN formularies for matches, and then field review for comment, and selection.

18) Q: When was the original VA National Formulary published?

A: May 1997.

19) Q: How will drug classes be reviewed?

A: The PBM will determine which drug therapeutic classes will be reviewed in preparation of awarding national contracts or as needed based on scientific evidence or safety concerns. Requests for drug or drug class reviews may be submitted to the PBM by a VISN Formulary Committee, the VPE Committee, the MAP, VHA Chief Medical Consultants, or VHA Chief Medical Officers. (Reference: VHA Handbook 1108.08, paragraph 17. k.)

20) Q: What is the function of the VISN formulary committee?

A: The VISN Formulary Committee's function is to provide clinical oversight and guidance for the formulary review process; coordinate VANF initiatives at the VISN and facility levels; and communicate VISN-specific submissions to the PBM and MAP for consideration as part of the VANF process. (Reference: VHA Handbook 1108.08, paragraphs 3. t. and 10)

21) Q: Can the VISN or facility level restrict National Formulary agents?

A: VISNs are not permitted to modify PBM-MAP Criteria for Use documents; however, restrictions to prescribing can be established for VANF items that require close monitoring to ensure appropriate use. For example, in the case of anti-infective, facility level restrictions intended to prevent resistance are permissible. Restrictions may include evidence-based guidelines or prescribing privileges for providers with specific expertise. Restrictions are not to be based solely on economics, nor are they to be so limiting as to prevent patients with legitimate medical needs from receiving these medications and supplies. (Reference: VHA Handbook 1108.08, paragraphs 17. b. and 17. aa.)

22) Q: Where can I look up drug prices?

A: Refer to the PBM Webpage at https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx under "Drug & Pharmaceutical Prices" or the Prime Vendor Webpage (https://connect.mckesson.com).

APPENDIX XII: Web Sites Used by Past Residents

1. Drug information site provided by the VA:
   http://vaww.reno.va.gov/pharmacy_service/Drug_Information.asp
   This address links into the intranet drug information site that the VA has. This page will give you access to Facts and Comparisons, Up-to-date, Micromedex, GlobalRPH and a few more.

2. VISN 21 site: http://vaww.visn21.portal.va.gov/pharmacy/default.aspx
   This address has links to important areas that you will need to get to during the residency. Here is a list of a few items on the site: National Formulary link, National PBM website, VISN 21 Drug Use Criteria, Treatment Algorithms, VISN 21 Shared Drive, VISN 21 PBM Clinical Performance Dashboard, VISN 21 PBM Workgroup Committee Minutes/Agendas, VISN 21 MUM Team Minutes/Agendas.

3. National PBM site: https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx
   This address has links to important national documents. Here is a list of a few documents: Criteria For Use, Drug Class Reviews, Drug Monographs, Patient and Provider Letters and much more. Future residents should become familiar with this site.

4. Fed Traveler: https://www.fedtraveler.com/
   This site is used to confirm travel plans that are work related.

5. McKesson:
   https://connect.mckesson.com/portal/site/smo/template.LOGIN/?cid=SMODecom2
   Use this to look up cost data and run reports. Ask Diana for the access code when needed. If unfamiliar with McKesson ask Diana Higgins for a tutorial.

6. VISN 21 Clinical Performance Dashboard:
   http://vaww.dwh.r01.portal.va.gov/VISN%2021/Pages/default.aspx
   The dashboard is used for HEDIS measures, VISN 21 measures and monitors and National LOCs. It is always being worked on for new ideas and is a wealth of information. Future residents should become very familiar with the dashboard.

7. PharmAcademic: https://www.pharmacademic.com/
   The resident will be using this site for evaluations, which is required by ASHP

8. VA Talent Management System (aka TMS):
   https://www.tms.va.gov/plateau/user/login.jsp
   The resident will have to complete certain task on the LMS during the residency that are required by the VA.

9. Pharmacoeconomic Data Management:
   http://vaww.national.cmop.va.gov/pre/PharmacoEconomic/default.aspx
   This is a share point site used by the national PBM. It consists of national documents from national and different VISN on “Cost savings and Clinical Initiatives”.

10. VA Information Resource Center (VIReC): http://vaww.virec.research.va.gov/
    Health Services Research & Development Service (HSR&D):
    http://www.hsrd.research.va.gov/
    Both of these sites have lecture series on many different topics in research.

11. ASHP: http://www.ashp.org/default.aspx
    This site will be used to register for Mid-Year.

12. National Center for Patient Safety: http://www.patientsafety.gov/

13. Xerox Printer Address: http://10.172.78.223/

14. National Acquisition Center (contracting/pricing information): http://www1.va.gov/nac/

15. CDW Metadata: http://vaww.cdw.va.gov/metadata/default.aspx

16. Citrix (for remote desktop access): https://varwest.vpn.va.gov/vpn/index.html

17. VISN 21 research SharePoint: http://vaww.visn21.portal.va.gov/sierranevada/research

18. Benefit info: www.benefeds.com

19. Update contact information in Outlook: \\vhasfcapps\apps\galmod\galmod32.exe

APPENDIX XIII: ASHP APR Form and Preceptor Assesment

academic-and-professional-record-forr

VASNHCS Preceptor Assessment - VISN P

APPENDIX XIV: Scope of Practice

What is a Scope of Practice or Collaborative Practice Agreement?

Clinical pharmacy specialists may have a range of practice privileges that vary with their level of authority and responsibility. The specific practice should be defined within a scope of practice document or protocol developed by the health care institution. This protocol should define the activities that pharmacists will provide within the context of collaborative practice as a member of the interdisciplinary team, as well as any limitations that may be needed. Quality of care review procedures and processes to assure professional competency should also be included in the scope of practice.

At VASNHCS, all clinical staff (excluding physicians) that prescribes treatment in the medical record (dietitians, nurses, pharmacists, podiatrists, physician assistants, social workers, physical therapists, audiologists, speech/language pathologists and respiratory therapists) will function under a scope of practice approved by the Chief of Staff. Pharmacy Service has a peer review committee to assure high quality care is provided and that clinical pharmacy specialists are qualified to perform under their scope of practice.

In order to be granted prescriptive authority, clinical pharmacy specialists must possess:

1. A current state license, and
2. A PharmD or M.S. degree (or equivalent). Example equivalent qualifications include (but not limited to):
    a. Completion of an American Society of Hospital Pharmacists accredited residency program,
    b. Specialty board certification, or
    c. Two years of clinical experience.

VASNHCS Pharmacy Service has clinical pharmacists practicing in a wide variety of clinical settings and has various protocols in place to cover these activities.

What is a pharmacist/resident WITHOUT a Scope of Practice ALLOWED to do?

Upon receiving a pharmacist's license, a resident can perform any function typically performed by a pharmacist such as processing prescriptions written by providers, pulling refills, discontinuing medications, limited partial prescriptions, providing patient education, and documenting patient allergies. All activities must be accomplished within the guidelines, policies and procedures set forth by the hospital and Pharmacy and Therapeutics Committee. Residents will document their activities in the patient medical record with a progress note that will need to be cosigned by the preceptor.

What is a pharmacist/resident WITHOUT a Scope of Practice PROHIBITED from doing?

A Scope of Practice is required for writing (most prescriptions at the VA are electronically entered not written) or renewing prescriptions and ordering labs. A pharmacy resident may perform these functions under the supervision of their rotation preceptor but must be cosigned. Progress notes that document these activities must be electronically cosigned by the supervising pharmacist on a timely basis. This may be accomplished by the addition of a cosigner or additional signer to the note.

Note: prescriptions for antineoplastic agents and controlled substances (i.e. narcotics, benzodiazepines) are excluded and shall not be written by pharmacists.

References:

1. CAVHS Memorandum No. 11-48
2. VHA Directive 2008-043
3. VHA Handbook 1400.04
4. American College of Physicians position statement on collaborative practice agreements with pharmacists at http://www.annals.org/issues/v136n1/abs/200201010-00014.html

APPENDIX XV: Certificate Requirements Contract

I understand that I have not completed all requirements for my PGY-2 pharmacy residency because my manuscript for my project is not suitable for publication at this time and my _____ project and _____ are not yet acceptable. I plan to complete these as soon as possible.

I understand that I will be given an extension to give me an opportunity to submit suitable documents as noted above and receive my residency certificate. Although an extension is not required, my program director has agreed to work with me in the hope that I will be able to receive my certificate.

I will actively pursue revising the noted assignments. I will submit revisions no less than weekly beginning July 1, 20__. Revisions will address all the comments that have been provided and continue to move toward satisfactory completion of the noted assignments.

I understand that the last day for assignments to be received will be July 31, 20__. If I do not submit revisions as noted above and/or have not submitted a manuscript suitable for publication along with the other noted assignments by July 31, 20__, I will not receive my residency certificate for my PGY1 residency. This date was established to give me additional time, but also to complete the requirements for my PGY1 residency program so it does not interfere with my future professional responsibilities and does not interfere with preceptor's attention to new residents over a significant period of time.

Resident	Date
Program Director	Date

APPENDIX XVI: Transferring NT Login Procedure

Responsibility of Reno IT Department

http://vaww.r01.portal.va.gov/systems/disd/Knowledge%20Base/Transfering%20User%20Accounts.aspx

INTRA-VISN (Same Domain)

1. Losing or Gaining Site OI&T (Tier 2 IT support) needs to submit a Request to the ROC (1-877-746-3895) to move account from Site XXX (Provide Losing site, IE: User is moving from Las Vegas (LAS)) to gaining Site xxx(San Diego, SDC). Tier 2 IT support should note what security or distribution groups from losing site are no longer needed for the user account in question. This needs to be communicated to the ROC, so that it gets noted on the CA Request for R01 Domain Infrastructure Team to perform (Tier 2 of gaining site has reported problems with deleting these groups assigned from losing site). NOTE: Do not create a new domain account or new email account (User's can logon to their old account as long as it hasn't been disabled at the new site)
2. Ask the ROC to assign it to the Region 1 Domain Infrastructure Division
3. Region 1 Domain Infrastructure Division will move the account from the Losing Site's OU to the Gaining Site's OU and close out the request.
4. The Gaining site will need to rename the account (IE. VHALASxxxx to VHASDCxxxx) after the Request is closed and move the Exchange account to the proper Exchange Server and Storage groups for your site.
5. In the case where a new Domain account and Exchange account are created at the new site.

Follow the above steps 1 -3 to get the account moved to your Site.
Export the user's mail from the New account to a PST file. Delete New domain & exchange account, only after your Request is closed.
Follow step 4 above and reset password if necessary.
Have the user login and import the exported pst file.
This will allow the user to continue use of his/her existing PIV cards.

INTER-VISN (Outside your VISN/Different Domain)

1. Losing Site to contact the Gaining site to create a New domain account only.
2. Losing Site to contact National Helpdesk (1-888-596-4357) to request that the mailbox be moved to the New Domain account.
3. National Helpdesk will move mailbox and close ticket.
4. However, in cases where the user shows up at the Gaining site and a New domain account and email box are created.
    a. Gaining site contacts National Helpdesk to request mail be merged from old account to New Account (you will need to provide National with the User's old domain account and email address).
    b. National Helpdesk normally has a 3-5 day turnaround time for the mail to be moved/merged.

APPENDIX XVII: Evaluation Information/Schedules

Evaluation Schedule:

Rotation	Preceptor(s)	Start Date	End Date	Type	Evaluator	Evaluation
Population-Based Health Care	Janice and Local preceptor	July	July	Longitudinal	Janice/Preceptor	Quarterly
Clinical Data Management and Analytics	Jen and Amy	July	March	Longitudinal	Jen/Amy	Quarterly
Quality Improvement or Research Project	Janice and primary project preceptor	July	July	Longitudinal	Janice/Preceptor	Quarterly
Leadership and Management	Scott and Diana	July	March	Longitudinal	Scott/Diana	Quarterly
Teaching Education and Dissemination of Knowledge	Ramona	July	July	Longitudinal	Ramona/Jen	Quarterly
Pharmacy Benefit Design and Formulary Management	Robert, Cherie, Scott	July	March	Longitudinal	Robert/Cherie/Nikki Aaron/Scott	Quarterly
Academia (Elective)	Joy	TBD January - June	TBD January - June	Extended	Joy	End of Rotation
Advanced Skills with Technology or Automation Systems (Elective)	Amy and Jen	April	July	Extended	Amy	End of Rotation
Advanced Pharmacy Benefit Design and Formulary Management (Elective)	Robert and Jen	April	July	Extended	Robert	End of Rotation
Advanced Leadership and Management (Elective)	Scott and Diana	April	July	Extended	Scott/Diana	End of Rotation